PROVINCE OF SASKATCHEWAN

11-12

ANNUAL REPORT

MINISTRY OF
HEALTH

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Letters of Transmittal

Her Honour, the Honourable Vaughn Solomon Schofield,

Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I respectfully submit the Annual Report of the Ministry of Health for the fiscal year ending March 31, 2012.

The Ministry of Health is committed to improving care for patients and their families by providing quality health care in a responsive, integrated, efficient, patient- and family-centered health care system. We are committed to a health system that provides Better Health, Better Care, and Better Value for Saskatchewan people. Our health care transformation agenda puts the ***Patient First*** in all of our efforts to modernize our system for the future.

In 2011-12 we achieved many successes which are helping Saskatchewan people receive timely, quality health services, including:

- Reduced Wait Times: As of March 31, 2012, 97 per cent of patients received their surgery within 12 months.
- Primary Health Care: A framework for a patient-centred, community designed, team delivered approach to primary health care was developed through extensive consultations with stakeholders. Eight primary health care sites were selected to explore innovative concepts in service delivery.
- Lean: A continued focus on Lean to improve health care for Saskatchewan patients, their families, and health care providers.
- Multiple Sclerosis (MS): Saskatchewan has aggressively pursued options to advance MS research including providing funding to have 86 Saskatchewan MS patients included in a two-year, double-blind clinical trial at Albany Medical Centre in Albany, New York.
- STARS: The helicopter Shock Trauma Air Rescue Service program was launched as an integrated partner in the delivery of emergency medical services along with existing road and airplane ambulances.
- Infrastructure and patient-centred planning: Providers and patients worked together to plan the new Children's Hospital of Saskatchewan and the new regional hospital for Moose Jaw.
- More providers: There are 900 more nurses working in Saskatchewan than there were five years ago. Government's physician recruitment strategy is showing results with over 200 more doctors now calling Saskatchewan home, representing an increase of 11 per cent over the past four years.

I am proud of all we have accomplished this year with our partners and stakeholders through our shared commitment to quality improvement and innovation in the health system.

On behalf of the Ministry of Health, I am pleased to provide the 2011-12 Annual Report to the legislature and to the people of Saskatchewan.

Dustin Duncan

Minister of Health

Letters of Transmittal

June 15, 2012

The Honourable Dustin Duncan

Minister of Health

On behalf of Ministry staff, I have the honour of submitting the Annual Report of the Ministry of Health for the fiscal year ending March 31, 2012.

This report has been reviewed by senior management. The interpretation embedded in the reporting reflects the best judgment of the Ministry's leaders.

As Deputy Minister of Health, I am responsible for the financial administration and management control of the Ministry of Health.

I have made every effort to ensure the information and content of the Ministry of Health 2011-12 Annual Report is as meaningful, complete and accurate as possible.

Dan Florizone

Deputy Minister of Health

Introduction

This annual report for the Ministry of Health presents the health system's results on activities and outcomes for the fiscal year ending March 31, 2012.

It reports to the public and elected officials on public commitments made and other key accomplishments of the Ministry and its health sector partners.

The report demonstrates the Ministry's commitment to effective public performance reporting, transparency and accountability to the public.

Although a renewed vision and set of goals were introduced as a result of the 2011 provincial election, the measures reported on in the 2011-12 Annual Report relate to the publicly committed strategies, actions and performance measures identified in the 2011-12 Strategic and Operational Directions for the Health Sector in Saskatchewan (SOD).

The report also demonstrates progress made on Government commitments as stated in the *Government Direction for 2011-12: The Saskatchewan Advantage*, the Minister's Mandate letter, throne speeches and other commitments and activities of the Ministry.

Regional health authority (RHA) chief executive officers (CEOs) and some of their staff were consulted in the development of the SOD.

Additional health system leaders were also consulted during a "Connecting the Dots" session. Participants in this event included: board chairs and vice chairs from the health RHAs and the Saskatchewan Cancer Agency, representation from the Saskatchewan Medical Association (SMA), the Saskatchewan Registered Nursing Association (SRNA), the Health Quality Council (HQC), the Physician Recruitment Agency of Saskatchewan (PRAS), the Provincial Affiliate Resource Group, Registered Psychiatric Nurses' Association of Saskatchewan's (RPNAS), Saskatchewan Association of Health Organizations (SAHO), Saskatchewan Association of Licensed Practical Nurses (SALPN), and the Saskatchewan Emergency Medical Services Association (SEMSA)

Alignment with Government's Direction

The Ministry's activities in 2011-12 align with Government's vision and three goals:

Government's Vision

A secure and prosperous Saskatchewan, leading the country in economic and population growth, while providing a high quality of life for all.

Government's Goals

- **Sustain economic growth** for the benefit of Saskatchewan people, ensuring the economy is ready for growth and positioning Saskatchewan to meet the challenges of economic and population growth and development.
- **Secure Saskatchewan** as a safe place to live and raise a family where people are confident in their future, ensuring the people of Saskatchewan benefit from the growing economy.
- **Keep Government's promises** and fulfill the commitments of the election, operating with integrity and transparency, accountable to the people of Saskatchewan.

Together, all ministries and agencies support the achievement of Government's three goals and work towards a secure and prosperous Saskatchewan.

Ministry Overview

Our top priority is a health system that puts patients and families first and provides the very best health care designed with the patient in mind.

The Ministry strives to improve the quality and accessibility of publicly-funded and publicly-administered health care in Saskatchewan. Through leadership and partnership, we are dedicated to achieving a responsive, integrated and efficient health system that puts the patient first, and enables people to achieve their best possible health by promoting healthy choices and responsible self-care. (2011-12 Budget Estimates Mandate)

We are committed to a health system that provides Better Health, Better Care, and Better Value for Saskatchewan people.

By building safer and more supportive workplaces committed to patient- and family-centred care, we will enable the development of Better Teams.

We believe in a health care system that encourages leadership from health professionals at all levels, drives quality improvements, and provides a better, safer environment for patients and health care providers.

We strive to explore innovative approaches, set bold targets, and examine new ways of delivering and improving health care for Saskatchewan residents.

Our continued focus on Lean in the health system ensures value and eliminates inefficiencies. Lean is a patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system. Lean engages and empowers employees to generate and implement innovative solutions, and to fundamentally improve the patient experience on an ongoing basis.

The Ministry of Health is committed to providing high-quality health care to the people of Saskatchewan. To that end, Ministry activities include:

- Providing leadership on strategic policy. In 2011-12 the Ministry led a new integrated planning process called Hoshin Kanri. This collaborative approach to planning comes from Lean methodology and is used to deploy strategic priorities throughout an organization and/or system.
- Setting goals and objectives for the provision of health services;
- Allocating funding and leading financial planning for the health system;
- Providing provincial oversight for programs and services, including acute and emergency care, community services and long-term care;
- Monitoring and enforcing standards in privately delivered programs such as personal care homes;
- Administering public health insurance programs such as the Saskatchewan Medical Care Insurance Plan;
- Providing Prescription Drug Plan benefits to the eligible Saskatchewan population, and extended health benefits, including Supplementary Health, Family Health Benefits, and Saskatchewan Aids to Independent Living (SAIL) to eligible residents;
- Providing communicable disease surveillance, prevention and control through the Saskatchewan Disease Control Laboratory and Population Health Branch to identify, respond to and prevent illness and disease in our province; and,
- Providing leadership on health human resource issues, via initiatives like the Physician Recruitment Strategy.

The health care system in Saskatchewan is multi-faceted and complex. The Ministry oversees a health care system that includes 12 regional health authorities (RHAs), the Saskatchewan Cancer Agency, the Athabasca Health Authority, affiliated health care organizations and a diverse group of professionals, many of whom are in private practice. There are 26 self-regulated health

professions in the province and the health system as a whole employs more than 40,000 people who provide a broad range of services. The Ministry supports the RHAs, the Saskatchewan Cancer Agency and other stakeholders to recruit and retain health care providers, including nurses and physicians.

The Ministry also works in partnership with organizations at local, regional, provincial, national and international levels to provide Saskatchewan residents with access to quality health care.

In Canada, the federal and provincial governments both play a major role in the provision of health care. The federal government provides funding to support health through the Canada Health Transfer. The federal government also provides health services to certain segments of the population, (e.g. veterans, military personnel and First Nations people living on reserve). Provincial governments are responsible for most other aspects of health care delivery.

The Ministry is responsible for approximately 50 different pieces of legislation. (see Appendix II).

Ministry of Health FTE Actual Results

The Ministry's full-time equivalent (FTE) complement in 2011-12 totaled 542.1 FTEs, 9.8 FTEs below the Ministry's budgeted complement of 551.9. The variance is primarily the result of vacancy management and the continuation of the Workforce Adjustment Strategy. As shown in the following chart, the Ministry of Health has reduced the total number of FTEs over the last five years.

Fiscal Years	Actual FTEs
2007-08	695.3
2008-09	640.8
2009-10	635.8
2010-11	609.7
2011-12	542.1

Progress in 2011 - 12

The following information is an update on significant progress made toward meeting Government's commitments outlined in the Minister's Mandate Letter, the October 2011 Speech from the Throne, and the 2011-12 Budget.

Together, these initiatives support Government's goals:

- To secure Saskatchewan as a safe place to live and raise a family where people are confident in their future, ensuring the people of Saskatchewan benefit from the growing economy.
- Keep Government's promises and fulfill the commitments of the election, operating with integrity and transparency, accountable to the people of Saskatchewan.

Progress in 2011 - 12

The Saskatchewan Surgical Initiative

The Saskatchewan Surgical Initiative (SKSI) was the first major initiative originating from Saskatchewan's 2009 independent Patient First Review. The review identified surgical wait times as a key concern for patients and families, and provided recommendations about improving surgical care and reducing wait times. Since 2010 surgical care in Saskatchewan has been transformed through the efforts of a unique partnership of physicians, surgeons, nurses, health care administrators, former surgical patients, other health sector organizations and associations, health unions, and the Ministry of Health. Together they have created SKSI, a robust plan that is designed to:

- Improve the experience of Saskatchewan surgical patients.
- Reduce surgical wait times to no more than three months by March 31, 2014.
- Ensure that shorter wait times can be sustained into the future.
- Make changes that result in better and safer care for surgical patients.

During the first two years of SKSI, provincial funding has resulted in steadily declining wait times for patients, and momentum is building for long-term system improvement.

As of March 31, 2012, 97 per cent of patients received their surgery within 12 months. The progress to date has been excellent but there is more work to do to ensure all patients have the option of receiving surgery within three months by March 31, 2014, and that they receive patient- and family-centred, quality care every time.

(Minister's Mandate Letter and 2011-12 Budget)

Progress made to date is outlined in the SKSI's Year Two Progress Report. Highlights of Year Two include:

- Seven out of 10 RHAs that perform surgery achieved the Year Two goal of providing 100 per cent of surgeries within 12 months, and one provided 99 per cent of surgeries within the target. (Figure 1 on page 13)
- Fewer long-waiting surgical patients are on the wait list. The number of patients waiting over 18 months has declined 85 per cent since the SKSI began; the number waiting over 12 months declined 77 per cent.
- Improvements have been made to the online Specialist Directory to help physicians and patients choose the most appropriate specialist.
- A spine "pathway" was introduced to streamline care for patients with back pain.
- Third party delivery of surgical and Computed Axial Tomography (CT) services began within the public system to reduce wait times.
- Quality improvement programs ensure services are timely, safe, appropriate and delivered efficiently.
- More specialists are beginning to pool (share) new patient referrals.
- The surgical safety checklist is being used to increase patient safety by ensuring that operating room teams do not miss a single step during a procedure.
- Physician-led work has begun on appropriateness/clinical variation.
- An electronic surgical information system is being used in more hospitals.

Surgical care providers throughout Saskatchewan continue to adopt 'patient first' practices that have been effective in Saskatchewan, elsewhere in Canada and around the world. A variety of innovative projects and processes are already underway.

Progress in 2011 - 12

The key actions and results in this annual report are grouped into five categories or pillars. Each pillar represents an area of strategic focus. The five pillars are:

- **Pillar One: Health of the Individual**
- **Pillar Two: Health of the Population**
- **Pillar Three: Providers**
- **Pillar Four: Sustainability**
- **Pillar Five: Supportive Processes**

Pillar One: Health of the Individual

Strategy - Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.

Key Action

Implement Shared Decision Making (SDM) framework into the hip and knee pathway and incorporate SDM in all other pathways as part of the SKSI.

Result

Shared Decision Making

The scope of the SDM framework has been expanded to include more global adoption of SDM beyond the SKSI. This project has been carried over to 2012-13, and the timeline for completion has been extended to March 31, 2013.

Key Action

Continue to work with the College of Physicians and Surgeons, (CPSS) physicians, and RHAs to implement the plan developed in 2010-11 to standardize provincial processes and maintain ongoing review and assessment of the quality of care provided by physicians in the area of radiology.

Result

Radiology

Ensuring that radiology services are provided with accuracy and consistency will ensure the best results for patients. A new process for reviewing CT and mammography studies was piloted in the Sunrise Health Region. Continuous improvement (or Lean) work on this new process is proceeding in 2012-13 with proposed finalization of this process in fiscal 2013-14.

Key Action

Continue to work with the CPSS, physicians, and RHAs to develop a plan to standardize provincial processes and maintain ongoing review and assessment of the quality of care provided by physicians in the area of pathology.

Result

Pathology

Consistent and reliable pathology findings are important requirements in providing quality care for patients. The Laboratory Quality Assurance Program has created new accreditation standards for anatomic pathology with the CPSS that require ongoing pathology second opinions for high risk cases. *The Anatomic Pathology – 4 Policy* has been distributed to the RHAs and is now a standard for accreditation. The Ministry is working with the RHAs to develop an ongoing plan for the implementation of this standard.

Key Action

Begin to implement initiatives stemming from the tripartite Memorandum of Understanding (MOU) on First Nations Health and Well-Being.

Result

There is a significant gap in the health status of First Nations people and the general population. It is important for governments to work together with First Nations to close that

disparity. The province is fully committed to the MOU and the tri-partite process.

A Memorandum of Understanding (MOU) was signed between the Saskatchewan Ministry of Health, the Government of Canada, and the Federation of Saskatchewan Indian Nations (FSIN) to improve the mental, physical, emotional and traditional well being for First Nations' families and communities.

The primary purpose of the MOU is for the three parties to develop and implement a formal tripartite relationship to guide their collaborative efforts in addressing First Nations health issues in Saskatchewan and closing the gap in health status between First Nations members and other residents of Saskatchewan.

The objectives of the MOU include:

- Improve the health and well-being of First Nations people;
- Adapt and better integrate health and wellness programs of all jurisdictions;
- Improve the recruitment, retention and participation of First Nations in the health system;
- Establish a collaborative, coordinated tripartite partnership for improving the health of First Nations people and their communities in Saskatchewan; and
- Establish a joint planning process to develop a 10-year First Nations health and wellness plan.

The Ministry, RHAs and the Saskatchewan Cancer Agency have begun to implement initiatives aligned with the objectives of the MOU. The Ministry, in collaboration with FSIN and Health Canada, are developing a First Nations Health and Wellness Plan under the auspices of the MOU. The three parties also collaborated on the development of 26 projects aligned with the Plan. The projects are at various stages of development. The Ministry has been deeply involved in the early design of A Cultural Responsiveness Framework which will be the foundation of many of the remaining projects.

Key Action

Each RHA, Saskatchewan Cancer Agency, and affiliate organizations will develop and begin implementing a plan to adopt patient- and family-centred care (PFCC) over the next ten years, using the provincial framework as their guide.

Result

Adoption of Patient- and Family-Centred Care in the RHAs

In patient- and family-centred care (PFCC) the planning, delivery and evaluation of healthcare is based on mutually beneficial partnerships among patients, clients and care providers. There are four core concepts: Respect/ Dignity, Information Sharing, Participation and Collaboration. Taking the time to communicate with patients well improves the patient and family experience.

The initiative measures the percentages of patients who report that nurses and doctors "always communicated well with them."

A baseline was determined in collaboration with RHAs and the Saskatchewan Cancer Agency during the 2011-12 fiscal year.

Eleven RHAs submitted their regional PFCC plans to the Ministry in 2011-12. (Minister's Mandate Letter)

Key Action

That all RHAs work collaboratively with the Ministry of Health to implement priorities recommended by the Addictions Advisory Committee, the Drug Treatment Funding Program, the MOU on First Nations Health and Well Being, and Lean.

Result

Guidelines in the MOU described on page 11 improve coordination of health programming, reduce duplication and lead to the better adaptation of health programs to meet the needs of First Nations people.

Eight areas have been identified as priority areas for action:

- Long term care;
- Mental health and addictions;

Progress in 2011 - 12

- Chronic disease prevention and management;
- eHealth;
- Strengthening health human resources;
- Improving health care system experience;
- Intake and discharge planning; and
- Relationships and partnerships in the delivery of health services for First Nations.

Plans to engage RHAs more deeply in the implementation of the MOU projects will be developed in 2012-13.

Key Action

Carry out Multiple Sclerosis liberation clinical trials.

Result

Multiple Sclerosis (MS) is a neurological disease in which the communication ability of nerve cells in the brain and spinal cord is impaired or destroyed. An estimated 3,500 Saskatchewan residents have MS.

Saskatchewan has aggressively pursued options to advance MS research. In 2011-12 the province provided $2.2 million in funding to have 86 Saskatchewan MS patients included in a two-year, double-blind clinical trial at Albany Medical Centre in Albany, New York, the largest double-blind liberation therapy study to date. Patients will not know until the study is over if they have received the Liberation Therapy treatment.

The clinical trial will explore the effectiveness of angioplasty in relieving MS symptoms. Half of those participating will have the angioplasty procedure and half will not. As a result, this research will provide sound, scientific evidence upon which the province can base decisions about the role of treating Chronic Cerebrospinal Venous Insufficiency (CCSVI) in patients with MS.

Patient recruitment for the American trial was led by the Ministry of Health. Approximately 680 applications were received prior to the February 24, 2012 application deadline. (2010 Speech from the Throne)

Strategy – Achieve timely access to evidence-informed and quality health services and supports.

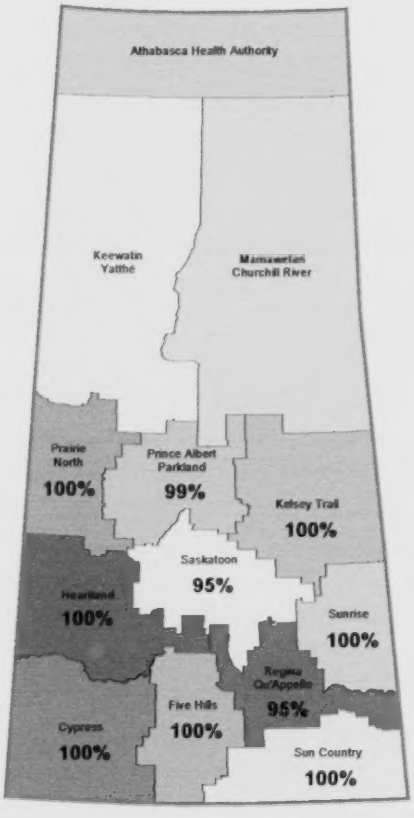
Key Action

All patients are offered an option to have surgery within 12 months by March 31, 2012.

Result

Provincially, 97 per cent of surgeries in Saskatchewan were completed within the Saskatchewan Surgical Initiative's (SKSI) Year Two target of 12 months. Seven of the ten RHAs that provide surgeries succeeded in reaching the target for 100 per cent of surgeries they provide. The two tertiary RHAs, Saskatoon and Regina Qu'Appelle, provided 95 per cent of surgeries within twelve months. (Figure 1)

Figure 1: Surgeries performed with 12 Months by RHA (March 31, 2012)



** percentages based on surgeries performed using current data October 2011 to March 31, 2012. Surgical services are not offered in the three northern RHAs.*

Progress in 2011 - 12

Figure 2: Surgical Wait Times at the End of Year Two of the Saskatchewan Surgical Initiative (March 31, 2012)

Surgical Patients	Nov 2007	Mar 2010 Start of SKSI	Mar 2012 End of Year 2 SKSI	% Change Nov 2007 – Mar 2012	% Change Apr 2010 – Mar 2012
Patients waiting over 12 months	5,126	3,997	914	Down 82 %	Down 77 %
Patients waiting over 6 months	10,637	9,875	4,517	Down 58 %	Down 54 %

Key Action

Increase the number of physicians adopting clinical practice redesign™ (CPR) as part of the SKSI.

Result

Clinical Practice Redesign™

Clinical Practice Redesign™ (CPR) aims to improve access to care, communication, and office efficiencies in physicians' offices. Throughout the province, 124 physicians and over 300 office staff have been coached to improve the quality and timeliness of the care they provide. CPR is designed to achieve better patient and staff experiences, and improved access and efficiency within and between practice settings.

Key Action

Increase the number of specialist groups using pooled referrals as part of the SKSI.

Result

Pooled Referrals

The expanding use of pooled referrals is helping to streamline surgical referrals. New patients can see a specialist more quickly by choosing to see the next available specialist who is able to treat their condition.

Eight surgery groups representing approximately 53 surgeons have been engaged in the pooling referrals project. In June 2011 the neurosurgery sections in Regina and Saskatoon began pooling back pain referrals through the Spine Pathway Clinics. Orthopedic surgeons in Prince Albert Parkland Health Region began pooling their referrals in March 2012. Regina Qu'Appelle Health Region obstetrics and gynecology will begin pooling their referrals on April 30, 2012 using the new Referral Management Service (RMS). General surgeons in Prince Albert Parkland Health Region will also be pooling their referrals using RMS, and the obstetrics and gynecology group in Saskatoon is also expected to adopt pooled referrals in 2012-13.

Clinical Care Pathways

Clinical care "pathways" are an integral part of Saskatchewan's commitment to providing sooner, safer, smarter surgical care. Pathways are consistent processes that help streamline and coordinate each step in a patient's journey, from the time they see a primary care provider until they have completed rehabilitation following surgery.

Saskatchewan's hip and knee pathway has improved patient wait times for assessment and surgery. Between March 2008, when the pathways began, and March 2012 there has been a 95 per cent reduction in patients waiting over 18 months for hip or knee replacement surgery. The number of patients waiting over 12 months was reduced 79 per cent in the same period.

Progress in 2011 - 12

Key Action

Establish regional spine clinics and train physicians in back assessment and treatment as part of the SKSI.

Result

Spine Pathway

Saskatchewan has implemented a spine pathway for people with low back pain. It is improving assessment of low back pain by family physicians and other health providers, and helping patients get the most appropriate treatment for their condition.

Saskatchewan's spine pathway is reducing wait times for specialist consultations.

Fifty-seven per cent of family physicians have completed training in a new way of assessing and treating low back pain. As a result, many patients now receive more timely care, often within their home community, and unnecessary referrals and tests have been avoided. In June 2011, the Regina Qu'Appelle and Saskatoon Health Regions opened Saskatchewan Spine Pathway Clinics in Regina and Saskatoon. Primary care providers can now refer patients who require additional assessment and support to either clinic. At the Spine Pathway Clinics, a multi-disciplinary team of health providers will reassess patients and identify treatment options.

Key Action

Develop a Prostate Pathway as part of the SKSI.

Result

Prostate Pathway

Urologists, other health providers and patients have been involved in developing the new Prostate Pathway to assess and support men diagnosed with prostate cancer. The pathway provides clear, practical information that helps patients and their families make decisions about their care.

The pathway includes a standardized patient care process and development of Prostate Assessment Centres in both Regina and Saskatoon. Primary care providers will be able to refer patients directly to either centre, where Nurse Navigators will help support patients, provide information on tests and treatment options, and facilitate patients' journey from assessment to diagnosis and treatment.

Key Action

Develop a Gynecology Pathway as part of the SKSI.

Result

Gynecology Pathway

A uro-gynecological pathway is being developed for women experiencing incontinence and other gynecological complaints. Many women do not seek treatment for these conditions and are not aware of options available. This pathway will help educate women and provide them with information about treatment options.

The pathway includes development of patient education resources, a standardized patient care process, and development of Uro-Gynecological Assessment Centres in Regina and Saskatoon. The Assessment Centres will augment the care that family physicians already provide, by offering clinic time, thorough assessment, specialized services and specialist referrals for women affected by uro-gynecological disorders.

This pathway is expected to be completed in 2012.

Key Action

Improve patient flow and remove incentives for long wait lists through improved surgical allocation and scheduling as part of the SKSI.

Result

Operating Room (OR) Allocation Project

Using operating rooms efficiently will help to reduce surgical wait times. A computer simulation model was designed to help RHAs try different scenarios to determine the best ways to schedule surgeries to maximize efficiency.

Progress in 2011 - 12

To date, the model has been implemented in Prince Albert Parkland Health Region and has been simulated in Saskatoon Health Region.

Waiting for Other Types of Care in Acute Care Settings

Key Action

RHAs develop one or more initiatives for individuals waiting for Long Term Care (LTC) in acute care as part of the SKSI.

Result

Patients recovering from complex surgeries often require treatment in an acute care hospital. When acute care beds are occupied by patients waiting for other types of care there is a negative effect on the number of surgical procedures a hospital can perform. All RHAs have implemented initiatives to assist in decreasing acute care beds being occupied by LTC clients awaiting placement. Some of these initiatives include: first available bed; direct client funding; transition units; and increased short stay capacity in rural sites.

RHAs are being encouraged to continue looking for new initiatives that can reduce the number of individuals waiting for LTC placement.

The provincial target for the total number of acute care beds occupied with clients waiting for a LTC bed was 3.5 per cent by the end of 2011-12. Progress is being made; however, the target was not met. Provincial fourth quarter results in 2011-12 indicate that 4.8 per cent of beds were occupied by LTC clients waiting placement; a reduction from the third quarter level of 6.8 per cent.

Key Action

RHAs develop plans for home care and rehabilitation therapies as part of the SKSI.

Result

A patient's access to therapy and home care are important considerations when surgical patients are discharged from acute care settings. Funding has been provided to RHAs to improve post-operative and outpatient rehabilitation for surgical patients in the community so patients may leave the hospital sooner.

All RHAs submitted their rehabilitation and home care plans. These RHA plans:

- ensure targeted funds are allocated to home care and rehabilitation therapies; and,
- provide additional home care and rehabilitation therapies to support the surgical experience and report as required.

Key Action

Ninety-five per cent of invasive cancer surgeries performed within three weeks by March 31, 2012.

Result

The patient and family experience is at the centre of all treatment decisions. Working to treat invasive cancers in an appropriate timeframe enhances clinical care and the patient experience. In 2011-12, 70.1 per cent of surgeries for invasive or suspected invasive cancer were performed within three weeks. This is an improvement over 2010-11 performance when 66.4 per cent were performed within three weeks.

Achieving cancer wait times will continue to be a priority in the 2012-13 Ministry Health Plan. A work plan will be developed to support this priority and lean-based quality improvement methods will be implemented by both the Saskatchewan Cancer Agency and health regions. In February 2012 a new cancer filter was included in various reports within the Surgical Registry. This will allow health regions to more easily monitor cancer wait times in the future.

Key Action

In collaboration with key partners, develop an implementation plan for helicopter air medical services for Saskatchewan. Target date for service is spring 2012.

Progress in 2011 - 12

Result

Shock Trauma Air Rescue Service (STARS)

Helicopter medical services ensure residents in urgent circumstances or difficult-to-access locations receive faster medical attention and transportation to health facilities. STARS is a charitable, non-profit organization that provides rapid and specialized emergency medical care and transportation for critically ill and injured patients.

On April 30, 2012 at 12:00 noon, STARS began providing 12 hour (daylight) emergency service to critical patients in southern Saskatchewan from its Regina base. Twenty-four hour service will begin when pilots have completed their night vision training. Daytime service to central and northern Saskatchewan from the Saskatoon base is scheduled to begin in the Fall of 2012. (Minister's Mandate Letter and 2011-12 Budget)

Each helicopter crew includes two pilots, a critical-care nurse and a paramedic. An emergency physician trained in pre-hospital care and transportation is also available by telephone for every emergency response and travels in the helicopter whenever medically necessary.

Key Action

Develop a draft framework for a Primary Heath Care system that is sustainable, offers a superior patient experience and results in an exceptionally healthy Saskatchewan population.

Engage in consultations with stakeholders to finalize the framework

Test new models of primary health care delivery based on the framework.

Result

Primary Health Care Framework

Saskatchewan is committed to the transformation of primary health care to better meet the needs of the patients and communities. Our goal is a primary health care system that is sustainable, offers a superior patient experience and ensures better access to the every-day services that are the foundation of our health system.

To enable these goals, a collaborative process that included patients, community representatives, health care providers and system stakeholders was used to develop a framework for a strengthened primary health care system. The framework is a road map to a patient-centred, community designed, team delivered approach to primary health care.

The work undertaken in 2011-12 resulted in the May 8, 2012 release of *The Framework for Achieving a High Performing Primary Health Care System in Saskatchewan* and the announcement of eight innovative learning sites to explore new concepts in service delivery. The framework can be found on the Ministry of Health website at www.health.gov.sk.ca/primary-health-care.

Key Action

Fully implement the kidney transplant program for deceased donors.

Result

Kidney Transplant Program

Providing safe and timely care to the province's kidney transplant patients is a priority. Kidney transplantation is often the preferred treatment for kidney failure. Unfortunately, due to challenges with staffing, the surgical component of the kidney transplant program in Saskatchewan was suspended July 2009. In the interim, the Saskatoon Health Region made arrangements with the University of Alberta transplant program in Edmonton to do kidney transplants for Saskatchewan residents.

The Program's Surgical Director commenced in December 2011 and seven transplant surgeries have been completed in Saskatoon Health Region since January 2012.

Recruitment of other transplant surgeons continues so the transplant program can be fully operational. In the interim, some transplants will continue to be done in Edmonton. (Minister's Mandate Letter and 2011-12 Budget)

Progress in 2011 - 12

Strategy – Continuously improve health care safety in partnership with patients and families.

Key Action

RHAs that perform surgeries in an operating room will implement a three-part Surgical Safety Checklist as part of the SKSI.

Result

Surgical Safety Checklists

Saskatchewan is working to further reduce those risks by consistently following practices that have been proven to increase patient safety before, during and after surgery.

As surgical procedures and techniques become increasingly complex, even an experienced operating room team can miss a simple step during a procedure. Sometimes, a seemingly minor "miss" can have serious consequences for patients. The surgical safety checklist is proving effective in preventing those occurrences and more.

In 2011-2012, surgical teams using the checklist prevented wrong site surgeries, identified previously unknown allergies prior to administering an antibiotic, corrected the labeling of surgical specimens, and identified incorrect instrument trays in the operating room.

Seven out of 10 RHAs that perform surgery have achieved over 80 per cent implementation. Saskatoon Health Region has achieved near-perfect compliance rates. Operating room teams continue to adapt the checklist to their respective surgical needs and are working towards using the checklist for 100 per cent of surgical procedures performed.

Key Action

RHAs that perform surgeries in an operating room will implement all components of the Surgical Site Infections (SSI) Bundle from *Safer Healthcare Now!* (SHN!) as part of the SKSI.

Result

Putting patients first means that patients should be healed and not harmed during the course of their care. Eliminating the opportunity for infection to develop in surgical sites will result in even better results for patients. An evidence-informed way to reduce SSIs is the SHN! Bundle. The components of the bundle are:

- Appropriate use of antibiotics and antiseptic skin preparation;
- Appropriate hair removal (not shaving the surgical site);
- Maintenance of blood sugar levels; and,
- Maintenance of core body temperature.

All RHAs that perform surgery have begun using the SHN! SSI prevention bundle. In 2012-13, the Patient Safety Unit will work with RHAs to develop a measurement plan for this intervention.

Key Action

Implement infection prevention and control remediation strategies in areas deemed necessary for action, ensuring that organizations are complying with relevant Canadian Standards Association (CSA) and Accreditation Canada standards.

Result

Infection Control and Prevention

In 2011-12, every RHA and the Saskatchewan Cancer Agency submitted an infection prevention and control plan. These plans included activities in areas such as hand hygiene education and audit, disease surveillance, outbreak management, and sterile processing.

In response to requests from RHAs, the Ministry sponsored three two-day courses on the fundamentals and practical applications of infection control during construction, renovation and maintenance. The courses were taught by CSA instructors and attended by a total of 130 RHA staff.

Progress in 2011 - 12

The Saskatchewan Infection Prevention and Control Program (a collaboration among RHAs, the Saskatchewan Cancer Agency, Ministry of Health, and other stakeholders) published *Guidelines for the Management of Clostridium difficile Infection (CDI) in all Healthcare Settings*. The purpose is to assist healthcare providers in caring for patients with CDI and preventing transmission of the disease to other patients. Contents include: information about CDI and who is most at risk; infection control measures (e.g. recommended precautions, accommodation requirements such as use of single rooms and dedicated bathrooms, environmental cleaning, and staff exclusion from work); testing for the disease; outbreak management; medical management; and references and resource materials (e.g. an information sheet for patients and their families).

Key Action

Medication Reconciliation

Implement a formal Medication Reconciliation program in compliance with Accreditation Canada (AC) standards and consistent with Canada's Safer Healthcare Now! (SHN!) campaign to prevent medication errors at patient transition points.

Result

All RHAs have introduced medication reconciliation at admission to acute care. This improves tracking of the medications being taken by patients and reduces the potential for medication errors that can occur as patients move through the system. Work has begun on medication reconciliation at transfer and discharge, and will continue in 2012-13.

Key Action

The Ministry of Health will work with RHAs to identify medication review processes being used in Long-Term Care (LTC) and consider ways to develop a team approach.

Result

LTC Medication Review Processes

The Ministry's Community Care Branch and Patient Safety Unit (in consultation with Drug Plan and Extended Benefits Branch) are jointly leading a quality improvement initiative focusing on the medication review processes being used in LTC facilities, and the prescribing practices to LTC residents. A methodology was developed to look at the number and types of drugs prescribed to LTC residents.

A literature review is in progress to determine best practices for medication review in LTC and consider ways to develop a team approach.

Opportunities are being discussed for increased physician participation in LTC. RHAs have reported on: the timelines and process for medication reviews; the provision of medications to the facilities; and medication management when residents transfer between facilities including the pros and cons of current practices.

Key Action

Complete the Critical Incident Review reporting process, and review and assess the recommendations for change.

Result

Saskatchewan was the first jurisdiction in the country to formalize critical incident reporting through legislation that came into force on September 15, 2004.

A "critical incident" is defined in the *Saskatchewan Critical Incident Reporting Guideline, 2004* as "a serious adverse health event including, but not limited to, the actual or potential loss of life, limb or function related to a health service provided by, or a program operated by, an RHA or health care organization." In addition to the definition of critical incident, the *Saskatchewan Critical Incident Reporting Guideline, 2004* contains a specific list of events that are to be reported to the Ministry of Health.

Progress in 2011 - 12

The province has an established network of professionals including the provincial Quality of Care Coordinators, regional Quality of Care Coordinators and Surgical Care Coordinators to ensure that patients have appropriate and timely access to quality health services, and that any concerns regarding the health system or delivery of health services are taken seriously.

All RHAs, health care organizations and the Saskatchewan Cancer Agency are required by law to notify the Ministry when they become aware of a critical incident. Following this initial notification, the RHA or agency is required to investigate the incident and provide a written report to the Ministry of Health.

A reference panel meeting was held in February 2012 to review the Critical Incident Review reporting process including: health care provider survey summaries, stakeholder consultations, data analysis and complete a literature/jurisdictional scan. Recommendations have been drafted by reference panel. Ministry officials are in the process of researching best practices for each of the recommendations.

Pillar Two: Health of the Population

Strategy - Improve population health through health promotion, protection and disease prevention.

Key Action

Reduce the number of LTC residents who experience a fall in LTC facilities through the implementation of the Safer Healthcare Now! (SHN!) Falls Prevention Bundle as part of the SKSI.

Result

Preventing falls is an important aspect of providing care that helps LTC residents stay as active as possible. All LTC facilities in Saskatchewan have implemented falls prevention protocols, and many RHAs participated in a learning collaborative aimed at reducing falls. Work continues in this area to prevent falls, with a focus on seniors in LTC.

Key Action

Implementation of the provincial Tobacco Reduction Strategy.

Result

Reduction of Tobacco Use

Smoking, chewing or sniffing tobacco increases your personal health risks, and may jeopardize the health of others. The Ministry of Health has been working in collaboration with stakeholders to advance the goals of *Building a Healthier Saskatchewan - A strategy to reduce tobacco use* including cessation, prevention and protection. Significant effort has been made to support cessation:

- A Public Awareness Campaign related to the 2010 Amendments to *The Tobacco Control Act* was completed in May 2011.
- An action plan was developed in consultation with tobacco stakeholders and distributed in June 2011.

Progress in 2011 - 12

- A 2011 progress report on the status of the provincial Tobacco Reduction Strategy was distributed to decision makers and stakeholders fall 2011.
- Several tobacco reduction initiatives were offered to schools in 2011-12. Students from Grades 6 to 12 were given the opportunity to view some of the world's best tobacco prevention ads in *View and Vote 4.* The ad, "Doesn't Kill" was rated the most effective. The ad aired province-wide online and at cinemas in advance of age appropriate movies.
- *KNOW Tobacco* resources for Grades K-3 and Grades 6-8, developed by the Saskatchewan Lung Association with support from the Ministry of Health and guidance from the Ministry of Education were released in January. Download these free resources at www.gotlungs.ca/knowtobacco.

In phase one of the Smokestream.ca social marketing campaign, now complete, young people provided opinions, views and beliefs regarding tobacco misuse. These will inform the development of phase two of the campaign designed to reduce tobacco misuse among youth. Ongoing evaluation of the strategy has been provided by the Ontario Tobacco Research Unit (OTRU) including provision of a Performance Measurement and Evaluation Plan (PMEP) and a mid-term evaluation report. To allow all stakeholders to monitor tobacco misuse rates OTRU maintains The Tobacco Informatics Monitoring System (TIMS). (2011-12 Budget)

As part of the Government's commitment to support tobacco reduction, over $700,000 was awarded to three projects that will help community members to address tobacco misuse; increase the participation of youth, First Nations and Métis peoples in tobacco reduction activities.

Key Action

Produce a comprehensive provincial health status report that will inform the development of strategies to promote, improve, and maintain the health of Saskatchewan residents.

Result

The health status report is in final stages of development and will be posted on the Ministry website upon completion.

Key Action

Implement key recommendations from the children's oral health strategy that will enable good nutrition and oral hygiene practices for children at risk of severe tooth decay as part of the SKSI.

Result

Children's Oral Health

Oral disease is preventable, yet each year approximately 1,800 children under the age of five undergo dental surgery in hospital under general anaesthetic. In 2011 the province took steps to improve children's oral health by increasing access to dental care, particularly preventive services for children at risk. Enhancements to preventive dental health services for pre- and post-natal mothers, preschool and school-age children were implemented in RHAs in 2011-12.

Phase one key recommendations from the children's oral health strategy were implemented in all RHAs and will be reviewed and evaluated in 2012-13. Recommendations include: development of new standards of care to be delivered by every RHA; development and distribution of print materials; and delivery of staff training.

Phase two implementation is on schedule and will include dental sealants for students in Grade Seven at all at-risk schools in the fall of 2012.

Progress in 2011 - 12

Key Action

Review and evaluate key recommendations from the comprehensive injury prevention strategy.

Result

The Injury Prevention Task Group at the Ministry of Health is investigating methods for the completion of an environmental scan on injury prevention throughout Saskatchewan. The scan will inform future direction for injury prevention priorities in the province and support coordination amongst organizations working in injury prevention.

Key Action

Develop and implement a community falls prevention strategy, including website for older adults based on "best-practice" evaluations.

Result

Fall Prevention Resources

Best practices for fall prevention were reviewed and a suite of fall prevention educational materials for older adults was determined. The resources will be published on the Ministry of Health website in summer 2012.

Key Action

Develop a Fetal Alcohol Syndrome Disorder (FASD) prevention strategy and comprehensive service frameworks for individuals who have Autism Spectrum Disorder (ASD) or FASD.

Result

Services for Individuals with FASD and ASD

Government is committed to developing and providing more comprehensive services to support individuals with ASD, FASD and to prevent FASD. Gaps in service have been addressed through the creation of service frameworks that address the continuum of care and provide a coordinated and integrated approach to services and supports.

The ASD/FASD Cross-ministerial Working Group has developed ASD and FASD frameworks to guide future program enhancements as new resources become available.

Comprehensive service frameworks developed in 2011-12 for individuals who have ASD and FASD include:

- Two additional psychologists for current multidisciplinary teams;
- Expansion of youth targeted FASD prevention programming in the North;
- Additional rehabilitation therapy professionals and support workers to provide interventions for children and youth with ASD;
- Delivery of ASD/FASD capacity building training sessions to human service professionals, caregivers and parents; and,
- Development of provincial guidelines to record prenatal alcohol abuse. (2011-12 Budget)

Key Action

Strengthen colorectal cancer care in Saskatchewan through province-wide implementation of a colorectal screening program in the province.

Result

Colorectal Cancer Screening

Screening and early detection are vital to prevent deaths from colon cancer. Ensuring the ongoing expansion of the Screening Program for Colorectal Cancer across the province is making a difference in the lives of patients, families and our communities.

The Saskatchewan Cancer Agency uses an advanced fecal immunochemical test (FIT) to screen program participants. This simple test is mailed to participants to complete in the privacy of their home. The FIT can detect blood in the stool that is not visible to the naked eye.

With three RHAs joining the program in 2011-12 the Screening Program for Colorectal

Progress in 2011 - 12

Cancer is available to eligible residents between 50 and 74 years of age in eight RHAs. The program is scheduled to expand into the remaining four RHAs (Prince Albert Parkland, Saskatoon, Sun Country and Sunrise Health Regions) in 2012-13.

As of February 2012, approximately 52,000 people had been invited to participate in the screening program throughout these RHAs. (2011-12 Budget)

Strategy – Collaborate with communities, other ministries and different levels of government to close the gap in health disparities.

Key Action

Implement key components of the HIV strategy, which focuses on increasing capacity on the front lines, and enhancing capability through training and engaging our communities to address human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) prevention, education, treatment and awareness.

Result

HIV and AIDS

Saskatchewan's four-year HIV Strategy was launched in 2010 with the goals of reducing the number of new HIV infections; improving the quality of life for HIV infected individuals; and reducing the risk factors for acquiring HIV infection.

Since 2010, new frontline staff (nurses, a physician, and outreach workers) have been added to the RHAs to help implement the HIV strategy.

In addition, an HIV Provincial Leadership Team has been established. It includes: a clinical director, a medical health officer (including a First Nations and Inuit health medical health officer), a pharmacist, and admin support. This team will lead the implementation of the HIV Strategy, specifically the four strategic pillars:

- Community Engagement and Education
- Prevention and Harm Reduction
- Clinical Management
- Surveillance and Research

HIV Grand Rounds for health care professionals began in October 2011 and continue to be offered monthly. These Grand Rounds are delivered through provincial Telehealth sessions.

In February 2012, the Ministry of Health partnered with the Public Health Agency of Canada to offer a networking/education event for the community based organizations who received funding through both organizations. The Ministry of Health also partnered with the HIV Provincial Leadership Team, AIDS Saskatoon and the Canadian AIDS Treatment Information Exchange to offer the HIV Treatment in Saskatchewan training event to 185 health care professional via satellite through the College of Nursing, University of Saskatchewan.

A print and video awareness campaign encouraging people at risk to get tested and access treatment ran in 2011-12. The campaign included YouTube videos which can be accessed on the Ministry of Health website www.health.gov.sk.ca/hiv-aids.

The First Year HIV Strategy Progress Update is available on the Ministry of Health website along with the 2010 HIV Annual Report at www.health.gov.sk.ca/hiv-aids. (2011-12 Budget)

Progress in 2011 - 12

Pillar Three: Providers

Strategy – Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices.

Key Action

Engage health system and physician leaders in a dialogue about the role of medical leadership in health system transformation. Develop a medical leadership model and implementation plan by December 2012.

Result

In partnership with the Canadian Institutes of Health Research, the Ministry hosted a forum on clinical governance where health system leaders and physicians studied medical leadership models in high performing health systems. A team of system leaders and physicians was struck to advise on the development a medical leadership model for Saskatchewan. The team recommended improved communication and engagement between physicians and the health system. An engagement plan will be implemented in 2012-13.

A survey was conducted of all medical leaders within the system to determine future development priorities. Based on this information, the Ministry facilitated a conversation with system partners to align leadership development among agencies to ensure deficiencies are addressed.

Strategy – Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.

Key Action

Targeted recruitment of University of Saskatchewan medical students and residents.

Result

We recognize that access to physicians and health services is a top priority for Saskatchewan residents. The Ministry engaged key stakeholders, specifically RHAs and the Physician Recruitment Agency of Saskatchewan (PRAS) to improve recruitment and retention of physicians in the province.

Key Action

Continued expansion of the number of medical residents enrolled in the Distributive Medical Education Program.

Result

The number of medical graduates enrolled in training opportunities outside of Saskatoon has remained relatively stable, with 29 medical residents beginning first year residency training on July 1, 2011 in distributed sites.

Training has remained stable from the previous year and has increased by 87 per cent since 2008-09. Positive results are expected to continue as the Distributed Medical Education (DME) model is phased in. These first year training seats that started on July 1, 2011:

- Regina (14 Family Medicine, 2 Obstetrics/ Gynecology, 1 Surgery and 2 Psychiatry);
- Prince Albert (6 Family Medicine); and
- Swift Current (4 Family Medicine).

(Minister's Mandate Letter and 2011-12 Budget)

Progress in 2011 - 12

Key Action

Fully implement the new Saskatchewan International Physician Practice Assessment (SIPPA) program to assess the skills of International Medical Graduates

Result

The SIPPA was implemented and evaluated in 2011-12 after being piloted in 2010-11. SIPPA is used to assess the skills and competencies of International Medical Graduate family physicians. Following the completion of the final evaluation of the pilot, the Ministry and CPSS have approved SIPPA to move into full implementation in 2012-13.

Key Action

Continue to establish and maintain partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in RHAs.

Result

Improving the recruitment, retention and participation of First Nations in the health system is an important priority for government. RHAs have been working toward this goal with many RHAs targeting a workforce with a First Nations and Métis component that mirrors the RHA's First Nations and Métis working age population.

Pillar Four: Sustainability

Strategy – Achieve best value for money while improving the patient experience and population health.

Key Action

Work collaboratively with RHAs and the Saskatchewan Cancer Agency and other stakeholders to capture cost savings by: implementing shared services and procurement initiatives; reducing the total compensation paid during premium shifts; and implementing other value for money and efficiency initiatives.

Result

The health system is taking steps to manage costs, and become more efficient – without impacting patient care. In 2010-11 RHAs and the Saskatchewan Cancer Agency used overtime and sick time reductions, and other efficiencies to reduce costs while continuing to provide quality care.

The efficiency target for 2011-12 was $23.1 million or 0.5 per cent of the budgeted Ministry of Health 2010-11 operating expenses.

RHAs and the Saskatchewan Cancer Agency achieved savings through a number of efficiency initiatives in 2011-12 including:

- Shared services and procurement initiatives (e.g. bulk purchasing);
- Attendance management;
- General efficiencies; and
- Lean.

Shared Services and Procurement Initiatives

Net system-wide savings of $4.7 million through shared services and procurement initiatives were achieved for 2011-12, exceeding the $4.0 million target. Since 2010-11, almost $13 million in overall annual savings have already been identified.

Progress in 2011 - 12

Attendance Management

The attendance management savings target was $12.5 million by March 31, 2012. This was part of a two year $27.5 million target. Targets were set for wage driven premium hours, sick time and Workers' Compensation Board (WCB) claims. The 2011-12 targets were not met, however many of the gains achieved in 2010-11 were maintained.

See figures 8, 9, and 10 in the Performance Measurement and Result section of this annual report on pages 37, 38 and 39 for more information on these targets.

General Efficiencies

General efficiencies savings in RHAs and the Saskatchewan Cancer Agency totaled $9.8 million in 2011-12, exceeding the $6.6 million target. General efficiencies include initiatives in areas such as administration, vacancy management, supply/non-salary, and service redesign that do not negatively impact patient care.

Lean

Since 2010, more than 200 Lean projects have been undertaken in a wide variety of areas in the health care system.

The Ministry has 27 active internal Lean improvement teams, some of which have a provincial/system focus.

Lean improvement efforts are focused on strategic priority areas including SKSI to improve surgical wait times and the entire surgical experience, primary health care, safety and shared services.

Since the launch of Lean, several Lean projects have reduced delays for treatments, made care safer, and resulted in efficiencies.

- The RHAs and Ministry achieved a 17 per cent improvement in the discard rate for units of red blood cells, resulting in $10 million in savings from 2010 through 2012.
- Regina Qu'Appelle Health Region reduced cancelled MRIs from 12 to one per week, enabling the RHA to do 650 more magnetic resonance imaging (MRI) scans each year.
- The Ministry made great strides in efficiency and effectiveness by applying Lean principles to its vaccine area. Along the way the team improved working conditions for staff and enhanced their partnerships with RHAs. The team members rethought how they ordered, stored and shipped vaccines and found by doing things differently they discovered opportunities to eliminate nearly $1 million in waste in the vaccine distribution system.
- Early treatment and intervention of adult sepsis at Regina Qu'Appelle Health Region was addressed in 2011. Currently, sepsis kills approximately 25 per cent of people world-wide who develop severe sepsis and septic shock. Currently in the health region, 30 per cent (2008-09) to 26 per cent (2009-10) of septic patients die. The key to reducing mortality is early identification and intervention. The speed of treatment administered within the early phase of developing sepsis is crucial to reducing morbidity and mortality. The adult sepsis value stream team worked together to develop an early adult sepsis screening program and education tools.
- Mapping the surgical care value stream at a provincial level in order to obtain a better understanding of how patients move through stages of surgical care, and to look at ways of supporting future improvement efforts has assisted RHAs in gaining a better understanding of the delays and roadblocks to providing surgical care, not only within RHAs, but also between RHAs.
- A Lean project with the Ministry's Saskatchewan Aids to Independent Living program (SAIL), has enabled the Saskatchewan Abilities Council to serve patients and their families better to provide equipment such as walkers and wheel chairs to assist patients after surgery or those with long term needs. Since initiating this Lean project, the wait for manual wheelchairs has gone from between two and 12 weeks, to three weeks (one to three days for palliative or hospital discharges). The wait for power wheelchairs has gone from between two and six months, down to between one and three months.

Progress in 2011 - 12

- A team at the Ministry recognized that lengthy turnaround times for paper-based medical claims potentially caused hardship for those waiting for reimbursement. To serve patients and their families better, the team implemented changes that reduced paper-based claims processing time from 25 days to 4 days and out-of-country claims processing time from 67 days to 18.
- A joint initiative between the Regina Qu'Appelle Health Region and the Saskatchewan Cancer Agency examined the safe administration of chemotherapy medication to patients with the benefit of a cancer patient who participated on their team. The patient's presence on the team helped to keep them grounded on what is most important to a patient.
- The inpatient chemotherapy value stream team focused on the increased risk to patients receiving inpatient chemotherapy treatment and determined that changes in the process for ordering and drug delivery created opportunities to improve patient experience and safety.

Generic Drugs

In May 2011, the Ministry of Health announced a plan to lower most generic drug prices to 35 per cent of the brand price in a phased-in approach by April 2012.

To accomplish this, the Ministry engaged in extensive consultations with pharmacists, generic drug manufacturers and drug wholesalers.

A key component of the plan is agreement with the Pharmacists' Association of Saskatchewan and the Canadian Association of Chain Drug Stores that includes reinvesting a portion of the government's savings into pharmacy reimbursement, such as increased dispensing fees and expansion of professional pharmacy services. The plan included lowering the price on most existing generic drugs to 45 per cent of the brand drug by June 1, 2011 and to 35 per cent of the brand drug by April 1, 2012.

The price requirement on new generic drugs was 40 per cent of the brand drug which was subsequently lowered to 35 per cent of the brand drug by April 1, 2012.

In the past, generic drug prices in Saskatchewan have been in the range of 50 - 70 per cent of the brand name price.

Saskatchewan benefited from collaborating with other Western provinces on this important initiative

3S Health

Announced in March 2012, 3S Health is a non-profit, non-government corporation that provides province-wide shared services to support a high performing, sustainable, patient and family centred health system in Saskatchewan,

3S Health works collaboratively with RHAs and the Saskatchewan Cancer Agency to provide selected shared administrative and support services to enhance and improve health system quality and to achieve cost savings that will support investment into direct patient care.

The 2009 Patient First Review found that more resources than necessary are being spent in non-direct care areas due to the inefficient use of health sector resources. Examples include duplication of and inconsistencies in administrative functions, and a lack of standardization in equipment and products used for patient care. A shared services organization was recommended by the Patient First Review Commissioner, Tony Dagnone. Moving forward with this Patient First Review recommendation is another example of our commitment to put the patient first in healthcare.

In 2010, Saskatchewan's RHAs and the Saskatchewan Cancer Agency created a small Shared Services Office to develop and establish a shared services organization.

3sHealth assumed responsibility for shared services functions provided by the Saskatchewan Association of Health Organizations (SAHO). These services include payroll, employee benefits administration and group purchasing. (2011-12 Budget)

Progress in 2011 - 12

Key Action

Implement group purchasing in collaboration with Alberta and British Columbia as identified in the New West Partnership.

Result

Twenty per cent of purchases are being made jointly with Alberta and British Columbia (the target for 2011-12). Joint purchasing at the end of 2010-11 was seven per cent.

The ongoing work to consolidate purchases and standardize processes within the province is a necessary first step to greater western collaboration. (Minister's Mandate Letter)

Strategy – Improve transparency and accountability through measurement and reporting.

Key Action

Publically report on health system performance through the Health Quality Council's "Quality Insight Online" website.

Result

Patient Experience Survey Results

"Quality Insight Online" is a website developed and hosted by the Health Quality Council that is designed to give the public, health care providers, and health system managers and leaders information about how our health system is performing including progress on improving surgical care for patients. The data on the website informs quality improvement work in the RHAs that helps the health system be better and safer for Saskatchewan residents.

Patients and families benefit by having better access to information on health system performance, and by knowing their system leaders are accountable for the tax dollars that are invested in keeping Saskatchewan's people healthy.

This level of transparency in a health system - to inform and support quality improvement work - is a first in Canada, and perhaps the world.

Strategy – Strategically invest in facilities, equipment and information infrastructure to effectively support operations.

Key Actions

Plan and design the Children's Hospital of Saskatchewan (CHS).

Result

Children's Hospital of Saskatchewan

The province is finally able to realize the goal of having a dedicated children's and maternal hospital. The Children's Hospital of Saskatchewan will be equipped with the best equipment to serve the health needs of children and pregnant women in an environment where families feel welcome. The hospital will serve our province's sick children, and be a hub of research, knowledge and learning for health professionals dedicated to children's health. Teams of families and providers are designing each area of the hospital using Lean continuous improvement methods and as a result the whole workflow in the hospital is rearranged to focus on the patient's needs. Patients and family members involved in planning the Children's Hospital of Saskatchewan are making sure we get it right.

Key Action

Plan, design and commence construction of 13 new Long Term Care (LTC) Facilities.

Result

Long Term Care Facilities

Provincial capital investments are allowing the health system to make improvements that ensure that our employees, physicians and volunteers have the best possible environment for providing quality, safe and compassionate care for LTC residents and their families. Since 2009, Government has provided on-going funding to replace 13 outdated long-term care homes. Progress on these facilities in 2011-12 includes:

Progress in 2011 - 12

- Construction began on the following sites: Watrous LTC, Shellbrook Integrated Facility, Tisdale LTC, Radville Integrated Facility, Redvers LTC, Rosetown LTC, and Prince Albert LTC.
- Planning and design began for the following sites: The Kerrobert Integrated Facility is currently in the tender phase and Biggar LTC has recently received approval to go to tender.
- The Maple Creek Integrated Facility is currently in the construction documents phase with construction expected to begin in summer 2012.

Supportive Processes

Strategy – Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.

Key Action

Implement Lean province-wide discharge planning as part of the SKSI.

Result

A hospital stay can often be very intimidating for patients and their families. Sometimes, even at the time of discharge, the patient is not sure why they were in the hospital or what operation was done. How the discharge transition is handled (whether discharge to home, another hospital or LTC facility) is critical to the health and well-being of the loved one.

Eleven RHAs participated in a working group to develop ten Kaizen events for discharge planning.

A Kaizen is a Lean term that means "improvement", or "change for the better" and refers to philosophy or practices that focus upon continuous improvement of processes.

Three Kaizens were identified for provincial adoption. A Discharge Planning Working Group (DPWG) was established and worked with a consultant to develop recommendations and proposed implementation plans for these three kaizens:

- *Standardized Patient Information Discharge Package (for all acute care facilities)* – A draft package and pilot implementation plan has been developed. Six RHAs began education sessions and piloting the form within their own RHAs. Phase one of the form will be piloted over a 60 day period with approximately 70 patients.

Progress in 2011 - 12

- *Discharge System Provincially* – A Discharge System Framework and proposed implementation approach has been developed, which includes a recommendation for a staggered approach to provincial implementation based on RHA resources and readiness.
- *Provincial Coordination System* – An options paper has been prepared for improving discharge coordination between RHAs on both a short-term and longer-term basis. In addition, a concise and integrated reference and contact list, which documents all acute, home care and long-term care facilities in the province, including First Nations communities, has been developed and information is in the process of being verified with the RHAs.

Key Action

Continue to implement Lean across the care continuum in RHAs and the Saskatchewan Cancer Agency.

Result

Saskatchewan is moving ahead with efforts to transform its health system into a patient first model that achieves an unprecedented level of world-class health care delivery in North America.

Lean supports Saskatchewan's stated goals of Better Health, Better Care, Better Value and Better Teams. It is the foundation upon which the province will achieve improvements in access to health services, quality, patient and staff safety, and value and efficiency for patients.

RHAs have taken to heart the Lean continuous improvement approach and are applying it to help achieve patient- and family-centred care to free health care providers, support workers and volunteers from anything that gets in the way of serving patients, and the network of friends and family who support them.

The Ministry and RHAs are exploring innovative ways to improve the layout of facilities using Lean quality improvement methods. The adoption of such lean principles as simplifying processes, eliminating errors and focusing on the needs of clients helps ensure that the design and operation of health facilities supports the delivery of safe, high quality, accessible care in a cost-effective way. (Minister's Mandate Letter)

In 2011-12 each RHA developed a multi-year board-approved strategy focused on patient journeys, with targets, to spread Lean across the care continuum. The plans include RHA participation, as required, on active provincial Lean initiatives including, but not limited to: mental health (complex cases and wait times); long-term care; addictions; vaccine management; strategic planning and reporting: and blood/plasma use.

A Request for Proposals (RFP) was issued to help develop and deploy a Lean Management System for Saskatchewan's health system, with the initial focus on surgical services and capital development. A contract is anticipated to be awarded in 2012-13 for these services. (Minister's Mandate Letter)

More details about Saskatchewan's Lean transformation can be found at www.health.gov.sk.ca/lean.

Key Action

Expand *Releasing Time to Care*™ (RTC) to all medical and surgical wards in regional and tertiary hospitals in Saskatchewan.

Result

Releasing Time to Care™

Releasing Time to Care™ (RTC) empowers caregivers to make changes that will improve the quality of care for their patients.

The RTC program gives health care staff strategies for improving processes, so they spend less time doing things away from patients, like paperwork or searching for supplies, and more time on direct patient care.

The Health Quality Council (HQC) is leading implementation of RTC in Saskatchewan as part of its work to accelerate improvement in Saskatchewan's health care system. To expand RTC to all medical and surgical wards in regional and tertiary hospitals in

Progress in 2011 - 12

Saskatchewan, two cycles of fifteen medical and surgical wards have implemented RTC modules in 2011-12.

RTC has now been implemented in 100 per cent of acute care wards in the province.

Strategy – Leverage technology to achieve improvements in patient care and system performance.

Key Action

Continue to expand the implementation of the Surgical Information System in the RHAs as part of the SKSI.

Result

The Surgical Information System

The surgical care process is getting smoother for patients and more efficient for health providers. The Surgical Information System (SIS) system offers a range of benefits, including:

- Surgical Scheduling: Surgical cases are electronically booked and managed.
- Charting: Operating room staff can track patient preparation, medications, specimens taken, equipment used, and procedure times.
- Supply Management: Ordering of equipment and supplies is automated, so everything needed for a surgical procedure is readily available.
- Patient Tracking: Staff and families can be visually notified about where the patient is physically located during the surgical process, so they are informed about the patient's progress.
- Easy Access to Information: Health providers with appropriate access levels can easily and securely find necessary information about a patient's health status.
- Patient Safety: SIS supports planning, monitoring and recording of surgical events.

SIS has been introduced in Prairie North and Five Hills Health Regions. These hospitals join those in Prince Albert Parkland and Cypress Health Regions already using SIS to better schedule surgical patients, track patient care during surgery, and manage equipment and supplies. This results in improved communication and patient safety.

Key Action

In collaboration with provincial stakeholders, develop the long-term strategy for implementation of eHealth initiatives including all facets of the provincial electronic health record, including the electronic health record, electronic medical records, point of service systems and Telehealth.

Result

Provincial eHealth Strategy

Completion of the long-term strategy for implementation of eHealth initiatives in the province was delayed pending the hiring of a Chief Executive Officer (CEO) for the new Treasury Board Crown eHealth Saskatchewan (eHS). A CEO was hired in 2011-12 and creation of the strategy began. eHS has responsibility to lead the electronic health record (EHR) planning and strategy for Saskatchewan. An eHealth Saskatchewan Board of Directors approved plan is targeted for development by March 2013. (2011-12 Budget)

Progress continued on expanding eHealth and electronic health record initiatives throughout the province including maintaining and enhancing the Pharmaceutical Information Program (PIP) and the Picture Archiving and Communication System (PACS) and adding a third important electronic health record databases called the Saskatchewan Lab Results Repository (SLRR).

- PIP is a secure computer system that contains information about a resident's prescribed and dispensed medications. PIP is used by authorized healthcare providers in their treatment and decision-making process. PIP adds to the quality,

safety and management of health care in Saskatchewan.

- PACS is a "soon to be provincial" system used to store images such as x-rays, ultrasounds and CT scans. Authorized health care providers may access PACS images to treat patients, no matter where they receive health care in the province.
- The SLRR benefits both patients and health care providers by improving access to laboratory testing results in the province. Benefits include: faster transmission of laboratory results to health care providers, enabling faster diagnosis and treatment decisions; better coordination of care for the patient; and enhanced patient safety. (2011-12 Budget)

Read more about provincial eHealth projects in the eHealth Saskatchewan Annual Report www.health.gov.sk.ca/about-eHealth-Saskatchewan

Adoption of Electronic Medical Records (EMRs)

Fifty one per cent of practicing physicians have a fully implemented electronic medical record (EMR).

An EMR is a secure computer-based system that enables the development of an electronic record of patient health information (also called an electronic medical chart) within a physician's office. The information collected may include demographics, medical conditions and diagnoses, medications, immunizations, laboratory data, radiology reports, and other medical information.

An EMR allows primary care practices to set up flowsheets containing cues to help focus the visit, and allows physicians to schedule patients and bill for services electronically.

All EMRs selected and approved by the Saskatchewan Medical Association will have the capability of connecting with the provincial EHR to exchange information, as various systems become available within the EHR.

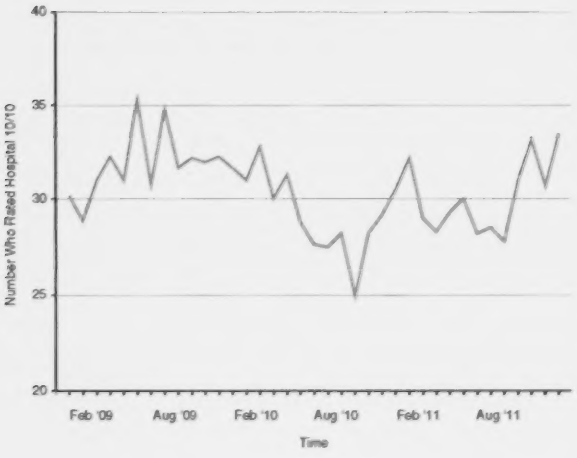
In 2011-12 a total of 652 physicians in 194 clinics adopted an EMR. This is 51 per cent of eligible fee-for-service physicians and in line with the provincial goal of 50 per cent adoption for 2011-12.

The provincial EMR adoption target is adoption by 80 per cent of 1,275 eligible physicians by March 31, 2015.

Performance Measurement and Results

Improving the Patient Experience

Figure 3: Per cent of patients rating the hospital where they received their care as the "best possible hospital" (10 out of 10)



Significance of the Measure

This measure is related to improving the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations. Further, the measure supports the multi-year, system-wide strategy to transform the patient surgical experience, as promised in the 2009 Throne Speech. Data has been collected on this measure since 2007.

"Per cent of patients rating their hospital experience as 10 out of 10" is a core quality of care indicator for patient experience in acute care that the Health Quality Council (HQC) monitors and reports on a monthly basis.

This indicator is based on patient responses to the following question: "Using any number from 0 to 10, where 0 is the worst hospital possible and 1- is the best hospital possible, what number would you use to rate this hospital during your stay?" The result is a percentage of patient responding 10 to this question. It is a global measure aimed at indicating the percentage of patients who rated their hospital as exceptional on their recent hospital stay. Above average care is the norm in Saskatchewan; however, the health system aims to deliver exceptional or outstanding care to each patient. As such, the target for this measure is 10 out of 10.

Performance Measurement and Results

Surgery wait times

Figure 4: Number of cases at March 31 that had already waited greater than 12 months for surgery

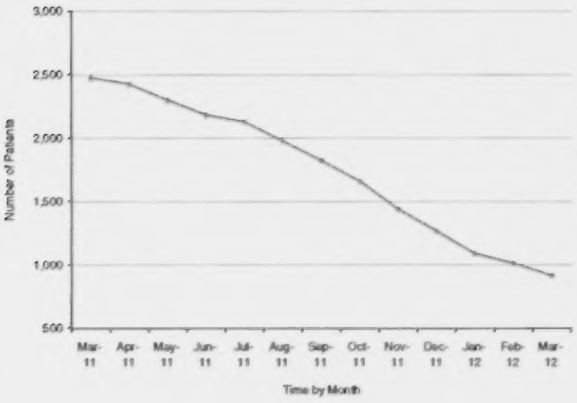
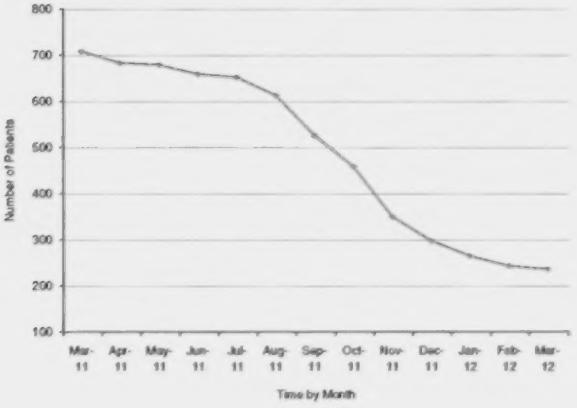


Figure 5: Number of cases at March 31 that had already waited greater than 18 months for surgery



Significance of the Measure

This measure is related to achieving timely access to evidence-informed and quality health services and supports. Further, this measure supports the multi-year, system-wide strategy to transform the patient surgical experience and reduce surgical wait times to three months by 2014, as promised in the 2009 Throne Speech. This measure is important because it helps to assess the length of time patients are waiting over 18 months for surgery. The target for 2011-12, the second year of the surgical initiative, is zero patients waiting over 12 months for surgery by the end of the fiscal year.

During the first two years of the Saskatchewan Surgical Initiative (SKSI), provincial funding has resulted in steadily declining wait times for patients, and momentum is building for long-term system improvement.

Provincially, 97 per cent of surgeries in Saskatchewan were completed within the SkSI's Year Two target of 12 months (Figure 1). Seven of the ten RHAs that provide surgeries succeeded in reaching the target for 100 per cent of surgeries they provide. The two tertiary RHAs, Saskatoon and Regina Qu'Appelle, provided 95 per cent of surgeries within one year.

Surgical data updated to March 31, 2012 shows that since 2007, there has been an 91 per cent drop in the number of patients waiting more than 18 months for surgery (Figure 6), and a 82 per cent decrease in the number waiting over 12 months (Figure 5). The number waiting over six months and over three months have dropped 58 per cent and 41 per cent respectively.

The improvements in wait times are due largely to the cooperative efforts of the health care community in Saskatchewan. The Saskatoon and Regina Qu'Appelle Health Regions increased their surgical volumes, as did some of the smaller surgical centres. Surgeons with very long wait lists have worked with their colleagues to redistribute patients among other surgeons. Operating room efficiencies have been gained by improving turnover time, and OR allocation and better discharge planning has improved patient flow. New tools such as the Specialist Directory have been introduced, as well as processes that help health providers improve their clinical practices.

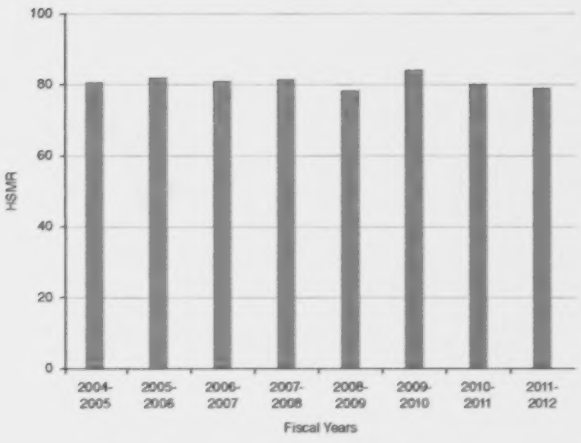
The SKSI is striving to improve surgical patients' care experience and ensure that by March 31, 2014, all patients have the option of receiving their surgery within three months.

Surgical volumes are obtained from the Saskatchewan Surgical registry, which is updated daily. Surgical wait times are updated monthly at www.sasksurgery.ca.

Performance Measurement and Results

Understanding Trends in Hospital Mortality to Inform Practice and Improve Patient Care

Figure 6: Provincial hospital standardized mortality ratio (HSMR) for all Saskatchewan hospitals



Significance of the Measure

This measure is related to continuously improving health care safety in partnership with patients and families.

The hospital standardized mortality ratio (HSMR) is used to inform practice and improve patient care. The HSMR takes into account several factors which may affect in-hospital mortality rates (for example: age, diagnosis, etc.) and compares the number of actual deaths in a hospital with the expected number of deaths. The expected number is based on the average number of deaths in acute-care hospitals across the country in 2004-05, adjusting for differences in the types of patients a hospital admits.

The HSMR is an analytical tool to assist health care organizations in examining their overall mortality rates and provides a baseline for understanding trends in hospital mortality, which all help to identify future areas of improvement.

In November 2007, the Canadian Institute for Health Information (CIHI) published the first report of Hospital Standardized Mortality Ratios for Canadian hospitals. CIHI publicly releases updates of this measure each year (see www.cihi.ca).

This measure presents the HSMR for all hospitals in the Province of Saskatchewan using CIHI's methodology. (Please see www.cihi.ca for detailed technical notes.)

HSMR is calculated as the ratio of actual (observed) deaths to expected deaths, multiplied by 100. A HSMR of 100 suggests that there is no difference between a local mortality rate and the average national experience, given the types of patients who received care. An HSMR greater or less than 100 suggest that a local mortality rate is higher or lower than the national average for 2004-05.

An aggregated HSMR for all Saskatchewan hospitals during the period between 2004-05 and 2011-12 have been under 100, indicating that Saskatchewan hospitals have been performing better than the national average.

Performance Measurement and Results

Attendance support

Measure Description

Numerous studies suggest that healthy workplace environments in health care tend to contribute to higher quality services and positive work experiences for providers. The Quality Worklife - Quality Healthcare Collaborative (QWQHC) defines a healthy health care work place as "a work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial, and work/job design conditions that maximize health and well-being of health providers, quality of patient/client outcomes and organizational performance." To deliver excellent health care, providers must be supported by workplace environments that are positive, productive, and safe.

Statistics Canada's Labour Force Survey indicates that health care workers are more likely to miss work due to illness or disability than those in other sectors. Absence as a result of illness (sick leave) or injury is often used as a proxy measure for a healthy workplace.

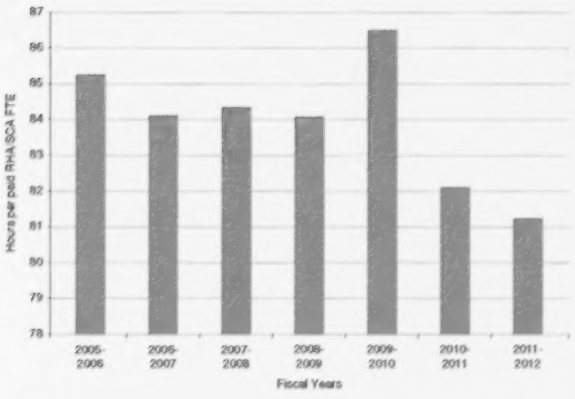
The health system is working together to address the issues of wage-driven premium hours and absenteeism as a result of sick time and workplace injuries by improving workplace safety, time management, and staff scheduling processes. RHA targets have been established for each of these measures.

The attendance support performance measures include: sick time hours, loss-time Workers' Compensation Board (WCB) claims for 100 full-time equivalents (FTEs), and wage-driven premium hours. These measures reflect the attendance of RHA and Saskatchewan Cancer Agency employees. (See Figures 7, 8 and 9)

Performance Measurement and Results

Sick Time

Figure 7: Number of Sick Time Hours per Paid FTE in RHAs/SCA



Sick Time Hours - Significance of the Measure (Figure 7)

Although the provincial sick time target of 76.45 hours/FTE in RHAs and the Saskatchewan Cancer Agency was not met, sick time showed a 1.1 per cent reduction compared to the same time last year. The reduction was achieved in the 1st and 2nd quarters, with a reduction of 0.2 and 0.7 hours/FTE. The number of sick time hours/FTE in the 3rd and 4th quarters of 2011-12 was almost identical to the number of sick time hours/FTE in 2010-11.

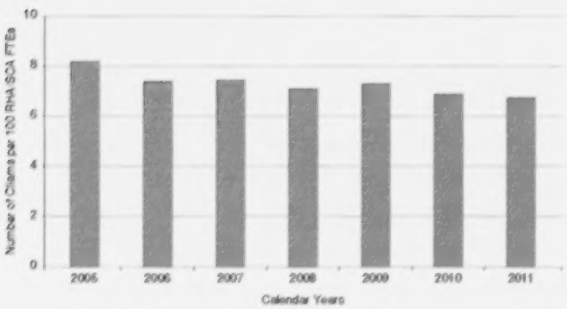
Absenteeism is one of the indicators identified by the QWQHC for managing healthy healthcare workplaces. It measures of the quality of work life and the well-being of providers. Absenteeism diverts essential resources away from patient/client care. Healthcare employers are often required to replace absent workers to ensure safe care. It follows, then, that a reduction in sick leave should lower the cost of providing health services.

The measure shows that the average sick time hours paid to FTEs remained at relatively the same level between 2005-06 (85.2 hours/FTE) and 2008-09 (84.1 hours/FTE). In 2009-10 it increased slightly to 86.5 hours/FTE, which may be in part due to the H1N1 virus and its impact. In 2010-11 and 2011-12, the sick time rates dropped to 82.1 and 81.2 hours/FTE, respectively.

Performance Measurement and Results

Loss Time WCB Claims

Figure 8: Number of Loss Time Workers Compensation Claims per 100 FTEs* in RHAs/SCA



Significance of the Measure (Figure 8)

The provincial healthcare industry pays insurance premiums to the Saskatchewan Workers' Compensation Board (WCB) for time lost to workplace injuries. Targets have been set for the reduction of work-related injuries.

Businesses that take the initiative to prevent workplace injuries have lower injury rates than competitors who do not. Organizations implement effective safety management systems not just because of concern for their employees or for legal compliance, but because they understand that superior health and safety results lead to:

- lower costs;
- improvements in safety outcomes;
- improved employee relations and employee trust;
- improved reliability and productivity;
- improved protection from business interruption;
- increased public trust and improved public image; and,
- increased organizational capability.

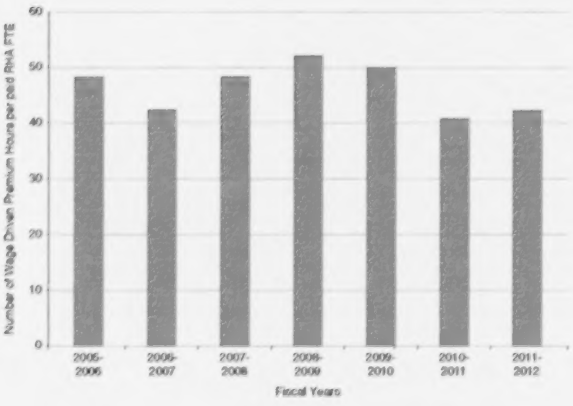
Health employers are seeing success in reducing workplace injuries in Saskatchewan. Health and safety need to be integrated into business strategies, processes and performance measures. RHA boards, senior management and staff are recognizing that health and safety support good business results. Health employers are developing the leadership and internal capacity to strive for continuous improvement in health and safety. This will help them more effectively manage health and safety risks by eliminating, minimizing or controlling hazards. All employees are encouraged to participate and work collaboratively in developing, promoting and improving health and safety at work. The health sector can further demonstrate its leadership in a health and safety learning community by sharing information about best practices.

** 2012 data for the number of lost-time WCB days per 100 FTEs provided by the Saskatchewan Workers' Compensation Board is not available because the WCB is undergoing a data conversion process. Therefore, claim counts which are based on calendar years are being used instead.*

Performance Measurement and Results

Wage-driven Premium Hours

Figure 9: Number of Wage-driven Premium Hours per Paid FTE in RHAs/SCA



Significance of the Measure (Figure 9)

Overtime hours continue to be a matter of concern for RHAs, the Saskatchewan Cancer Agency, and the Ministry of Health. The Ministry of Health does not directly (or explicitly) fund overtime hours so organizations have to reallocate funds to cover this expense. Overtime hours tend to increase during periods of peak utilization and can be closely correlated with sick time being recorded by organizations – as sick time goes up and the available pool of employees diminishes, managers are forced to bring staff in and keep staff on in overtime situations. Not only is this financially problematic, the pressure on employees to maintain a high standard of care and service is taxed by continual overtime hours.

Overtime hours may also be associated with understaffed areas or professions and positions for which it has typically been hard to recruit or retain employees. Overtime, like absenteeism and high-levels of WCB claims, may be indicative of other workplace problems. If problems are not addressed, it is unlikely that the rate of wage driven premium hours will improve.

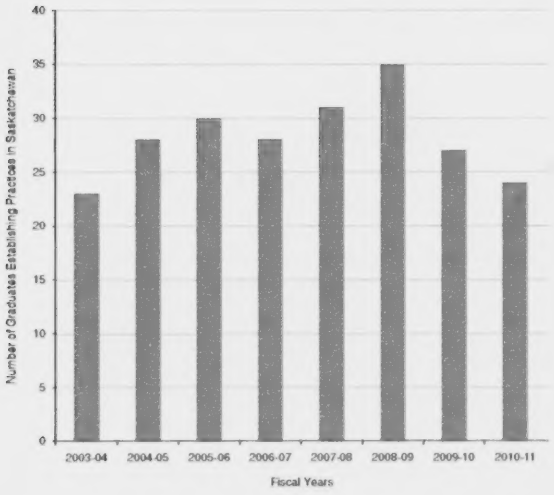
The measure shows the average wage driven premium hours increased 37 per cent between 2005-06 and 2008-09 to 52.2 hours per paid FTE in RHAs. In 2009-10 this average decreased to 50.1 hours per paid FTE and in 2010-11, to 40.9 hours per paid FTE.

Wage driven premium hours per FTE increased in 2011-12 by 3.6 per cent compared to the same time last year. In 2011-12 wage-driven premium hours per paid FTE increased to 42.3 hours per paid FTE.

Performance Measurement and Results

Retention of Medical Graduates Trained at the University of Saskatchewan

Figure 10: University of Saskatchewan medical graduates establishing practices in Saskatchewan



Significance of the Measure

The College of Medicine at the University of Saskatchewan (U of S) is the sole source of locally-trained physicians in the province. Retention of its medical graduates is critical in addressing the physician supply issue into the future. The retention rate is defined as graduates who, six months after graduation, have been registered by the College of Physicians and Surgeons of Saskatchewan and are practicing in the province. Because medical residents typically graduate in June, retention rates typically reflect the number of graduates registered and practicing in the province as of December of that year.

This data measures progress in developing a highly skilled, professional, diverse workforce with a sufficient number and mix of service providers

- The data is based on the annual number of College of Medicine graduates obtaining licensure to practice in Saskatchewan within six months of completing their program. This data is confirmed with the College of Physicians and Surgeons of Saskatchewan.
- Twenty four graduates who completed training in 2010-11 established practices in Saskatchewan, a reduction of 7 per cent since 2006-07 (baseline).

The retention rate of U of S medical graduates is compiled annually by the Medical Services Branch (MSB) and published in Table 33 of MSB's Annual Statistical Report.

As shown in Figure 10, the physician post-graduate retention rate has fluctuated between 2006-07 and 2009-10. After reaching a high of 35 medical graduates establishing an in-province practice in 2008-09, the number dropped to 27 in 2009-10, below the goal of 31 positions. The overall target is to increase the number of U of S medical graduates establishing practices in Saskatchewan by 10 per cent by 2013 compared to the 2006-07 baseline data. In order to achieve this target and to recruit and retain physicians, the Ministry of Health has established the Physician Recruitment Agency, whose mandate includes the recruitment of Saskatchewan medical graduates. This Physician Recruitment Strategy announced in 2009 sets out objectives aimed at supporting the retention and recruitment of physicians in the province.

In January 2011, the Ministry of Health piloted the Saskatchewan International Physician Practice Assessment (SIPPA), a provincially-based program to assess foreign-trained family physicians. Plans for the next fiscal year include assessing a larger number of candidates from a wider variety of educational backgrounds.

Since August 2007, 24 new undergraduate seats and 60 residency seats have been added. In 2011-12 Government increased enrolment at the College of Medicine by 40 new undergraduate seats and 60 residency seats. Increasing the number of seats exposes more graduates to the experience of practicing in this province; and encourages Saskatchewan residents to choose to practice in Saskatchewan upon graduation. (Minister's Mandate Letter)

2011 - 12 Financial Overview

The Ministry spent or allocated $4.4 billion in expenditures in 2011-12, $62.5 million less than provided in its budget. The savings were primarily a result of physician savings (one-time) and lower than expected utilization within Drug Plan and Extended Benefits programs and Canadian Blood Services.

In 2011-12, the Ministry received $16 million of revenue, $3.9 million more than budgeted. The additional revenue is primarily due to increased revenue associated with previous year expenditures such as bursary repayments and one-time refunds and federal funding for agreements not budgeted.

In 2011-12, the Ministry's full-time equivalent (FTE) complement totaled 542.1 FTEs, 9.8 FTEs below the Ministry's budget complement. The variance is primarily the result of vacancy management and the continuation of the Workforce Adjustment Strategy.

2011 - 12 Financial Overview

Ministry of Health Comparison of Actual Expense to Estimates

	2011-12 Estimates $000s	2011-12 Actuals $000s	2011-12 Variance $000s	notes
Central Management and Services				
Minister's Salary (Statutory)	45	45	-	
Executive Management	1,986	2,131	145	
Central Services	7,118	6,143	(975)	
Accommodation Services	5,035	4,421	(614)	
	14,184	**12,740**	**(1,444)**	
Regional Health Services				
Athabasca Health Authority Inc.	6,284	6,284	-	
Cypress Regional Health Authority	108,050	108,165	115	
Five Hills Regional Health Authority	126,721	126,705	(16)	
Heartland Regional Health Authority	81,902	81,894	(8)	
Keewatin Yatthe Regional Health Authority	23,972	24,100	128	
Kelsey Trail Regional Health Authority	100,316	101,230	914	
Mamawetan Churchill River Regional Health Authority	23,901	23,439	(462)	
Prairie North Regional Health Authority	183,142	184,490	1,348	
Prince Albert Parkland Regional Health Authority	178,486	178,260	(226)	
Regina Qu'Appelle Regional Health Authority	793,897	793,226	(672)	
Saskatoon Regional Health Authority	887,166	888,133	967	
Sun Country Regional Health Authority	120,362	120,212	(150)	
Sunrise Regional Health Authority	175,725	175,410	(315)	
Regional Targeted Programs and Services	120,035	109,896	(10,139)	1
Saskatchewan Cancer Agency	121,886	121,740	(146)	
Facilities - Capital	-	1,000	1,000	
Equipment - Capital	-	4,547	4,547	2
Regional Programs Support	19,492	20,385	893	
Subtotal	**3,071,337**	**3,069,115**	**(2,222)**	
Provincial Health Services				
Canadian Blood Services	49,505	42,585	(6,920)	3
Provincial Targeted Programs and Services	51,011	53,713	2,702	
Provincial Laboratory	23,163	21,930	(1,233)	
Health Research	5,421	5,451	30	
Health Quality Council	4,729	5,935	1,206	
Immunizations	17,231	13,187	(4,044)	
eHealth Saskatchewan	35,482	37,682	2,200	
Provincial Programs Support	9,452	11,563	2,111	
Subtotal	**195,994**	**192,046**	**(3,948)**	

2011 - 12 Financial Overview

Ministry of Health Comparison of Actual Expense to Estimates

	2011-12 Estimates $000s	2011-12 Actuals $000s	2011-12 Variance $000s	notes
Medical Services & Medical Education Programs				
Medical Services - Fee-for-Service	411,686	456,546	44,860	4
Medical Services - Non-Fee-for-Service	192,088	123,350	(68,738)	5
Medical Education System	53,918	40,886	(13,032)	6
Optometric Services	6,071	6,128	57	
Dental Services	3,090	1,706	(1,384)	
Out-of-Province	113,443	126,834	13,391	7
Program Support	4,840	4,342	(498)	
Subtotal	**785,136**	**759,792**	**(25,344)**	
Drug Plan & Extended Benefits				
Saskatchewan Prescription Drug Plan	314,962	290,440	(24,522)	3
Saskatchewan Aids to Independent Living	37,901	35,614	(2,287)	
Supplementary Health Program	21,202	19,924	(1,278)	
Family Health Benefits	5,661	4,377	(1,284)	
Multi-Provincial Human Immunodeficiency Virus Assistance	320	263	(57)	
Program Support	4,711	4,063	(648)	
Subtotal	**384,757**	**354,681**	**(30,076)**	
Early Childhood Development	**10,766**	**10,766**	**-**	
APPROPRIATION	**4,462,174**	**4,399,141**	**(63,033)**	
Capital Asset Acquisition	**(1,244)**	**(1,099)**	**145**	
Capital Asset Amortization	**1,690**	**2,117**	**427**	
TOTAL EXPENSE	**4,462,620**	**4,400,159**	**(62,461)**	
FTE STAFF COMPLEMENT	**551.9**	**542.1**	**(9.8)**	

2011 - 12 Financial Overview

Ministry of Health Comparison of Actual Expense to Estimates

Approximately 90 percent of the expenditures were provided to third parties for health care services, health system research, information technology support, and coordination of services such as the blood system. The majority of the remaining funding was primarily paid to individuals through the Saskatchewan Prescription Drug Plan and extended benefit programs.

Explanations for Major Variances

Explanations are provided for all variances that are both greater than 5 percent of the Ministry's 2011-12 Estimates and greater than 0.1 percent of the Ministry's total expense.

1 *Primarily savings related to unsettled collective bargaining agreements and Regional Accommodations savings.*

2 *Increased investment for Linear Accelerator and Cardiac Catheterization equipment as well as equipment to support the Saskatchewan Surgical Initiative.*

3 *Program utilization below budgeted levels.*

4 *Primarily compensations costs related to the physician agreement.*

5 *Primarily budgeted savings related to the physician agreement as costs were paid from appropriate sub-programs within the Ministry.*

6 *Primarily savings for physician services utilization (one-time).*

7 *Program utilization above budgeted levels.*

2011-12 Regional Health Authorities

Operating Fund Audited Financial Statements[1]

($000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
Operating Revenues:						
Ministry of Health - General Revenue Fund	114,266	133,042	84,881	25,015	104,487	23,222
Other Government of Saskatchewan	377	2,166	608	602	1,251	2,924
Other Government Jurisdictions	85	265	15	85	28	101
Out-of-Province/Third Party Reimbursements	9,779	6,573	11,023	1,463	9,803	1,332
Donations	36	26	12	-	22	-
Ancillary Operations	-	203	83	-	847	112
Investment Income	329	285	220	39	219	43
Other Revenue	263	25	376	299	43	496
Total Operating Revenue	**125,135**	**142,585**	**97,219**	**27,503**	**116,699**	**28,230**
Operating Expenses:						
Inpatient & resident services						
Nursing Administration	3,579	1,477	4,493	313	3,688	116
Acute	15,658	23,587	6,794	4,589	14,702	3,529
Supportive	17,569	33,647	8,422	1,824	17,782	649
Integrated	9,013	-	21,375	-	5,424	-
Rehabilitation	-	-	-	-	-	-
Mental health & addictions	1,363	2,481	-	-	-	-
Total inpatient & resident services	47,181	61,192	41,084	6,726	41,596	4,295
Physician compensation	12,260	12,625	1,354	39	8,430	1,221
Ambulatory care services	3,797	6,039	-	-	3,024	-
Diagnostic & therapeutic services	12,056	11,537	8,689	1,933	11,020	1,701
Community health services						
Primary health care	1,711	1,305	959	2,629	2,290	3,204
Home care	6,474	7,998	6,807	1,414	7,683	1,704
Mental health & addictions	2,796	7,042	3,127	2,637	2,584	3,245
Population health	2,757	4,077	3,048	2,503	4,892	4,454
Emergency response services	4,078	2,600	4,619	2,442	3,690	1,301
Other community services	1,421	734	356	-	575	505
Total community health services	19,238	23,756	18,916	11,625	21,715	14,414
Support services						
Program support	6,299	5,982	5,829	2,776	6,259	3,008
Operational support	20,674	16,152	19,409	3,805	22,836	2,919
Other support	620	281	208	73	478	3
Total support services	27,593	22,415	25,445	6,654	29,574	5,930
Ancillary	24	135	157	-	-	12
Total Operating Expenses	**122,148**	**137,700**	**95,625**	**26,977**	**115,358**	**27,572**
Operating Fund Excess/(Deficiency)	**2,987**	**4,885**	**1,593**	**527**	**1,340**	**658**
Interfund Transfers	(452)	(4,885)	(1,593)	(527)	(2,286)	(511)
Increase (decrease) in fund balances	2,535	-	-	-	(945)	147
Operating Fund Balance - Beginning of the year	4,586	1,228	1,696	250	(602)	-
Operating Fund Balance - End of Year	**7,121**	**1,228**	**1,696**	**250**	**(1,547)**	**147**
STATEMENT OF FINANCIAL POSITION						
Operating Assets:						
Cash and Short-term Investments	20,581	16,273	9,789	3,436	8,943	3,093
Accounts Receivable:						
Ministry of Health	435	369	146	84	99	-
Other	575	1,198	867	570	989	996
Inventory	810	1,170	1,414	295	584	180
Prepaid Expenses	534	1,006	190	236	977	155
Investments	246	96	3,055	9	1,188	-
Other Assets	-	-	-	-	30	-
Total Operating Assets	**23,181**	**20,112**	**15,462**	**4,629**	**12,810**	**4,424**
Liabilities and Operating Fund Balance:						
Accounts Payable	5,179	4,100	3,910	1,298	3,449	984
Bank Indebtedness	-	-	-	-	-	-
Accrued Liabilities:						
Accrued Salaries	1,522	2,206	2,387	393	1,517	353
Vacation Payable	6,649	6,637	6,208	1,338	7,208	1,147
Other	-	-	-	-	-	-
Deferred Revenue:						
Ministry of Health	2,057	4,786	657	1,253	1,552	1,270
Non-Ministry of Health	653	1,155	604	97	633	522
Total Operating Liabilities	**16,060**	**18,884**	**13,766**	**4,379**	**14,358**	**4,277**
Internally Restricted	-	-	-	-	-	-
Unrestricted	7,121	1,228	1,696	250	(1,547)	147
Operating Fund Balance	**7,121**	**1,228**	**1,696**	**250**	**(1,547)**	**147**
Total Liabilities and Fund Balance	**23,181**	**20,112**	**15,462**	**4,629**	**12,810**	**4,424**

[1] Some items may not balance due to rounding.

2011-12 Regional Health Authorities

Operating Fund Audited Financial Statements[1]

($000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
Operating Revenues:							
Ministry of Health - General Revenue Fund	196,397	190,845	843,468	946,175	123,806	182,061	2,967,665
Other Government of Saskatchewan	5,378	2,038	12,009	11,404	1,814	2,066	42,638
Other Government Jurisdictions	32,979	316	8,437	858	11	76	43,254
Out-of-Province/Third Party Reimbursements	16,519	11,164	48,962	42,184	14,206	19,042	192,069
Donations	467	113	1,600	-	230	157	2,683
Ancillary Operations	282	1,084	6,266	16,375	-	1,257	26,509
Investment Income	275	324	803	-	100	114	2,751
Other Revenue	786	571	8,693	4,201	123	1,090	16,967
Total Operating Revenue	**253,103**	**206,455**	**930,256**	**1,021,197**	**140,290**	**205,863**	**3,294,535**
Operating Expenses:							
Inpatient & resident services							
Nursing Administration	9,436	4,404	3,898	11,245	-	5,204	47,852
Acute	37,792	40,012	211,712	252,976	8,120	32,577	652,050
Supportive	34,589	32,565	118,737	128,099	24,899	44,484	463,267
Integrated	-	-	14,774	5,068	31,691	-	87,345
Rehabilitation	686	-	6,756	-	-	-	7,444
Mental health & addictions	14,246	4,553	12,139	10,859	1,781	2,493	49,915
Total inpatient & resident services	96,749	81,535	368,017	408,247	66,492	84,758	1,307,873
Physician compensation	18,055	17,163	69,248	86,891	3,506	9,173	239,966
Ambulatory care services	10,409	11,556	89,097	73,340	2,256	7,661	207,180
Diagnostic & therapeutic services	25,279	17,408	114,916	132,366	9,323	18,407	364,614
Community health services							
Primary health care	4,636	2,322	12,309	3,558	1,043	861	36,828
Home care	9,420	10,853	28,524	35,226	9,544	12,145	137,793
Mental health & addictions	10,168	10,306	26,663	33,069	4,504	4,245	110,386
Population health	9,715	6,289	18,473	25,670	3,894	7,006	92,779
Emergency response services	5,754	4,205	15,954	14,704	5,287	6,082	70,717
Other community services	1,242	405	5,351	6,855	466	1,720	19,630
Total community health services	40,936	34,380	107,275	119,082	24,738	32,060	468,133
Support services							
Program support	14,753	9,584	47,167	61,051	6,699	11,867	181,275
Operational support	40,006	30,637	130,114	134,252	23,409	36,306	480,517
Other support	352	367	1,881	2,351	1,726	1,280	9,620
Total support services	55,111	40,588	179,162	197,654	31,834	49,453	671,412
Ancillary	315	469	1,470	10,692	-	1,345	14,618
Total Operating Expenses	**246,855**	**203,097**	**929,184**	**1,028,272**	**138,149**	**202,858**	**3,273,796**
Operating Fund Excess/(Deficiency)	**6,248**	**3,358**	**1,072**	**(7,075)**	**2,141**	**3,006**	**20,740**
Interfund Transfers	(6,979)	(2,868)	(3,450)	(1,031)	(866)	(2,460)	(27,907)
Increase (decrease) in fund balances	**(731)**	**490**	**(2,379)**	**(8,106)**	**1,275**	**546**	**(7,168)**
Operating Fund Balance - Beginning of the year	(573)	(14,118)	(60,942)	(32,613)	(5,723)	(30,911)	(137,723)
Operating Fund Balance - End of Year	**(1,304)**	**(13,628)**	**(63,321)**	**(40,719)**	**(4,449)**	**(30,365)**	**(144,890)**
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	17,679	10,333	40,398	44,403	5,501	1,838	182,267
Accounts Receivable:							
Ministry of Health	734	660	2,193	3,036	296	408	8,461
Other	2,971	1,636	14,673	17,975	2,213	2,745	47,407
Inventory	2,165	1,040	5,066	8,423	916	1,667	23,750
Prepaid Expenses	1,471	961	6,175	3,989	666	2,054	18,415
Investments	1,594	-	-	-	16	202	6,405
Other Assets	-	-	-	-	-	-	30
Total Operating Assets	**26,615**	**14,629**	**68,525**	**77,826**	**9,607**	**8,914**	**286,734**
Liabilities and Operating Fund Balance:							
Accounts Payable	9,224	9,205	44,289	40,355	2,056	4,622	128,670
Bank Indebtedness	-	-	-	-	-	12,060	12,060
Accrued Liabilities:							
Accrued Salaries	3,925	2,132	11,017	15,972	3,282	3,638	48,343
Vacation Payable	12,473	11,016	46,926	45,001	6,802	12,454	163,860
Other	49	-	-	-	-	1,919	1,968
Deferred Revenue:							
Ministry of Health	1,124	4,528	22,096	10,277	923	3,648	54,172
Non-Ministry of Health	1,124	1,376	7,516	6,940	992	940	22,552
Total Operating Liabilities	**27,919**	**28,257**	**131,846**	**118,545**	**14,056**	**39,279**	**431,624**
Internally Restricted	394	-	3,031	-	9	48	3,481
Unrestricted	(1,698)	(13,628)	(66,351)	(40,719)	(4,457)	(30,413)	(148,371)
Operating Fund Balance	**(1,304)**	**(13,628)**	**(63,321)**	**(40,719)**	**(4,449)**	**(30,365)**	**(144,890)**
Total Liabilities and Fund Balance	**26,615**	**14,629**	**68,525**	**77,826**	**9,607**	**8,914**	**286,734**

[1] Some items may not balance due to rounding.

2011-12 Regional Health Authorities

Restricted Fund Audited Financial Statements[1, 2]

($000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
Restricted Revenues:						
Ministry of Health - General Revenue Fund	-	754	-	10	-	67
Other Government of Saskatchewan	57	49	265	-	334	-
Other Government Jurisdictions	-	-	-	-	-	-
Donations	277	706	585	1	1,006	13
Investment Income	-	21	-	-	-	-
Ancillary Operations	105	387	288	-	226	4
Recoveries	-	-	-	12	-	-
Other Revenue	25	27	-	-	-	8
Total Restricted Revenue	**464**	**1,944**	**1,138**	**23**	**1,568**	**92**
Restricted Expenses:						
Inpatient & resident services						
Nursing Administration	-	25	-	-	-	-
Acute	1,664	843	175	83	1,504	531
Supportive	713	161	109	20	1,499	12
Integrated	390	-	3,786	-	739	-
Rehabilitation	-	(4)	-	-	-	-
Mental health & addictions	-	10	-	-	-	-
Total inpatient & resident services	2,768	1,035	4,070	103	3,741	543
Physician compensation	-	-	-	-	-	-
Ambulatory care services	131	79	-	-	-	-
Diagnostic & therapeutic services	433	599	-	54	-	-
Community health services						
Primary health care	-	37	3	14	436	-
Home care	-	142	23	1	-	-
Mental health & addictions	-	5	-	1	-	16
Population health	-	7	3	24	-	-
Emergency response services	186	1	365	42	113	-
Other community services	-	13	-	-	31	-
Total community health services	186	204	395	82	580	16
Support services						
Program support	-	55	62	99	-	28
Operational support	-	245	-	842	141	-
Other support	-	4,152	-	-	-	-
Total support services	-	4,452	62	941	141	28
Ancillary	-	-	-	-	-	-
Total Restricted Expenses	**3,517**	**6,370**	**4,527**	**1,179**	**4,463**	**598**
Restricted Fund Excess/(Deficiency)	**(3,053)**	**(4,426)**	**(3,389)**	**(1,157)**	**(2,895)**	**(496)**
Interfund Transfers	452	4,885	1,593	527	2,286	511
Increase (decrease) in fund balances	**(2,600)**	**459**	**(1,796)**	**(630)**	**(610)**	**15**
Restricted Fund Balance - Beginning of year	81,564	43,646	55,854	26,009	48,207	10,215
Restricted Fund Balance - End of Year	**78,964**	**44,105**	**54,058**	**25,379**	**47,597**	**10,231**
STATEMENT OF FINANCIAL POSITION						
Restricted Assets:						
Cash and Short-term Investments	9,126	26,296	17,919	1,441	12,541	950
Accounts Receivable:						
Ministry of Health	-	-	-	-	-	-
Other	84	69	-	11	112	85
Investments	800	1,258	1,186	1	-	-
Capital Assets	71,349	18,156	40,450	23,926	45,987	9,614
Other Assets	-	-	-	-	-	-
Total Restricted Assets	**81,359**	**45,779**	**59,555**	**25,379**	**58,640**	**10,649**
Liabilities and Restricted Fund Balance:						
Accounts Payable	324	11	40	-	320	127
Accrued Liabilities	10	-	-	-	-	-
Debt	2,061	1,662	5,457	-	10,723	292
Total Restricted Liabilities	**2,395**	**1,674**	**5,497**	**-**	**11,043**	**419**
Invested in Capital Assets	68,954	16,494	34,993	23,926	35,264	9,322
Externally Restricted	2,245	9,269	17,150	314	10,886	256
Internally Restricted	7,766	18,342	1,915	1,139	1,447	652
Restricted Fund Balance	**78,964**	**44,105**	**54,058**	**25,379**	**47,597**	**10,231**
Total Liabilities & Fund Balances	**81,359**	**45,779**	**59,555**	**25,379**	**58,640**	**10,649**

[1] The restricted fund consists of the Capital Fund and Community Trust Fund. The Capital Fund reflects the equity of the RHA on capital assets and any associated long-term debt. The Capital Fund revenue includes revenue from the General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. Expenses consist mainly of amortization expense. The Community Trust Fund reflects community-generated assets transferred to the RHA by amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations from donations or municipal tax levies.

[2] Some items may not balance due to rounding.

2011-12 Regional Health Authorities

Restricted Fund Audited Financial Statements[1,2]

($000s)

STATEMENT OF OPERATIONS AND CHANGE IN FUND BALANCES	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
Restricted Revenues:							
Ministry of Health - General Revenue Fund	1,326	-	5,399	3,184	110	-	10,850
Other Government of Saskatchewan	-	-	326	1,000	144	-	2,176
Other Government Jurisdictions	615	283	-	-	-	-	898
Donations	2,472	243	6,428	8,914	1,880	876	23,401
Investment Income	-	-	-	-	-	-	21
Ancillary Operations	130	322	59	6,348	238	57	8,165
Recoveries	-	-	-	-	-	-	12
Other Revenue	3	1,380	1,183	1,267	-	334	4,227
Total Restricted Revenue	**4,544**	**2,228**	**13,396**	**20,713**	**2,372**	**1,267**	**49,749**
Restricted Expenses:							
Inpatient & resident services							
Nursing Administration	-	35	-	-	-	12	72
Acute	4,601	1,907	9,285	-	478	723	21,794
Supportive	1,875	1,712	1,112	-	1,826	633	9,675
Integrated	-	-	279	-	1,923	-	7,117
Rehabilitation	-	-	532	-	-	-	527
Mental health & addictions	11	23	-	-	-	-	45
Total inpatient & resident services	6,487	3,678	11,208	-	4,229	1,368	39,230
Physician compensation	-	1	-	-	-	-	1
Ambulatory care services	-	266	40	-	-	57	593
Diagnostic & therapeutic services	-	548	2,218	-	3	627	4,482
Community health services							
Primary health care	81	4	67	-	2	8	651
Home care	83	16	31	-	12	15	323
Mental health & addictions	-	108	56	-	56	4	246
Population health	10	17	20	-	56	4	143
Emergency response services	120	9	547	-	349	35	1,767
Other community services	-	-	-	-	-	-	44
Total community health services	294	154	721	-	477	66	3,175
Support services							
Program support	608	93	3,233	39,319	-	20	43,517
Operational support	-	214	13,909	-	-	221	15,572
Other support	-	340	-	-	-	5,722	10,214
Total support services	606	647	17,142	39,319	-	5,962	69,303
Ancillary	-	122	323	-	-	30	475
Total Restricted Expenses	**7,389**	**5,436**	**31,652**	**39,319**	**4,709**	**8,110**	**117,259**
Restricted Fund Excess/(Deficiency)	**(2,844)**	**(3,208)**	**(18,256)**	**(18,606)**	**(2,337)**	**(6,843)**	**(67,509)**
Interfund Transfers	6,979	2,868	3,450	1,031	866	2,460	27,907
Increase (decrease) in fund balances	**4,135**	**(340)**	**(14,805)**	**(17,575)**	**(1,471)**	**(4,383)**	**(39,602)**
Restricted Fund Balance - Beginning of year	62,535	82,940	365,232	519,538	60,167	76,434	1,432,342
Restricted Fund Balance - End of Year	**66,670**	**82,599**	**350,427**	**501,963**	**58,696**	**72,051**	**1,392,740**
STATEMENT OF FINANCIAL POSITION							
Restricted Assets:							
Cash and Short-term Investments	4,762	21,401	18,903	28,760	16,282	4,873	163,254
Accounts Receivable:							
Ministry of Health	-	-	56	845	-	-	901
Other	2,218	1,766	1,804	1,075	1,333	265	8,821
Investments	52	33	966	192,856	2	300	197,454
Capital Assets	65,276	72,396	340,278	292,465	48,007	65,641	1,113,546
Other Assets	-	695	53	-	-	-	748
Total Restricted Assets	**72,307**	**96,291**	**362,060**	**516,001**	**65,624**	**91,079**	**1,484,723**
Liabilities and Restricted Fund Balance:							
Accounts Payable	994	3,368	1,314	9,245	2,113	10	17,865
Accrued Liabilities	-	-	-	-	-	45	55
Debt	4,643	10,324	10,320	4,793	4,815	18,974	74,063
Total Restricted Liabilities	**5,637**	**13,692**	**11,634**	**14,038**	**6,928**	**19,029**	**91,983**
Invested in Capital Assets	60,633	62,072	329,958	287,672	43,172	66,668	1,039,129
Externally Restricted	4,259	15,606	19,561	214,207	15,059	1,328	310,141
Internally Restricted	1,778	4,921	907	84	465	4,055	43,470
Restricted Fund Balance	**66,670**	**82,599**	**350,427**	**501,963**	**58,696**	**72,051**	**1,392,740**
Total Liabilities & Fund Balances	**72,307**	**96,291**	**362,060**	**516,001**	**65,624**	**91,079**	**1,484,723**

[1] The restricted fund consists of the Capital Fund and Community Trust Fund. The Capital Fund reflects the equity of the RHA on capital assets and any associated long-term debt. The Capital Fund revenue includes revenue from the General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. Expenses consist mainly of amortization expense. The Community Trust Fund reflects community-generated assets transferred to the RHA by amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations from donations or municipal tax levies.

[2] Some items may not balance due to rounding.

2011-12 Regional Health Authorities

Audited Schedule of Expenses by Object[1]

($000s)

SCHEDULE OF EXPENSES BY OBJECT	Cypress	Five Hills	Heartland	Keewatin Yatthé	Kelsey Trail	Mamawetan Churchill River
Operating Expenses:						
Advertising & Public Relations	66	59	113	18	90	24
Board costs	118	96	102	165	115	144
Compensation - benefits	13,631	12,688	12,514	3,490	14,393	3,531
Compensation - salaries	71,888	65,125	64,849	16,904	72,181	15,186
Continuing Education Fees & Materials	174	390	151	203	208	154
Contracted-out Services - Other	1,658	2,518	705	267	307	1,138
Diagnostic imaging supplies	74	146	60	28	12	1
Dietary Supplies	33	117	137	28	117	2
Drugs	1,195	1,387	677	531	660	258
Food	1,972	1,134	1,425	275	1,639	197
Grants to ambulance services	1,758	2,535	118	-	2,764	907
Grants to Health Care Organizations & Affiliates	1,997	26,615	2,650	147	674	574
Housekeeping and laundry supplies	761	537	570	16	281	49
Information technology contracts	543	489	374	21	756	74
Insurance	261	218	249	76	244	53
Interest	14	1	12	-	252	5
Laboratory supplies	1,189	1,063	707	186	1,129	159
Medical and surgical supplies	2,559	2,491	1,242	370	2,342	319
Medical remuneration and benefits	11,607	12,247	1,319	-	8,407	1,218
Meeting Expense	-	21	58	-	84	39
Office supplies and other office costs	1,041	599	623	435	418	383
Other	1,048	78	482	116	257	327
Professional fees	823	723	678	248	834	203
Prosthetics	370	554	-	-	-	-
Purchased salaries	184	218	190	1,220	493	376
Rent/lease/purchase costs	1,379	1,485	1,037	805	1,325	712
Repairs and maintenance	2,556	1,524	1,609	480	1,634	235
Supplies - Other	232	159	178	38	366	173
Therapeutic Supplies	-	63	16	-	-	1
Travel	1,193	1,014	864	491	1,100	906
Utilities	1,822	1,406	1,915	418	2,276	226
Total Operating Expenses	**122,148**	**137,700**	**95,625**	**26,977**	**115,358**	**27,572**
Restricted Expenses:						
Amortization	3,252	4,301	4,301	1,179	3,927	549
Loss/(gain) on disposal of fixed assets	-	-	(32)	-	58	-
Mortgage interest	127	125	261	-	441	-
Other	138	1,944	(2)	-	37	38
Total Restricted Expenses	**3,517**	**6,370**	**4,527**	**1,179**	**4,463**	**588**
Total Operating and Restricted Expenses	**125,665**	**144,070**	**100,153**	**28,156**	**119,821**	**28,160**

[1] Some items may not balance due to rounding.

2011-12 Regional Health Authorities

Audited Schedule of Expenses by Object [1]

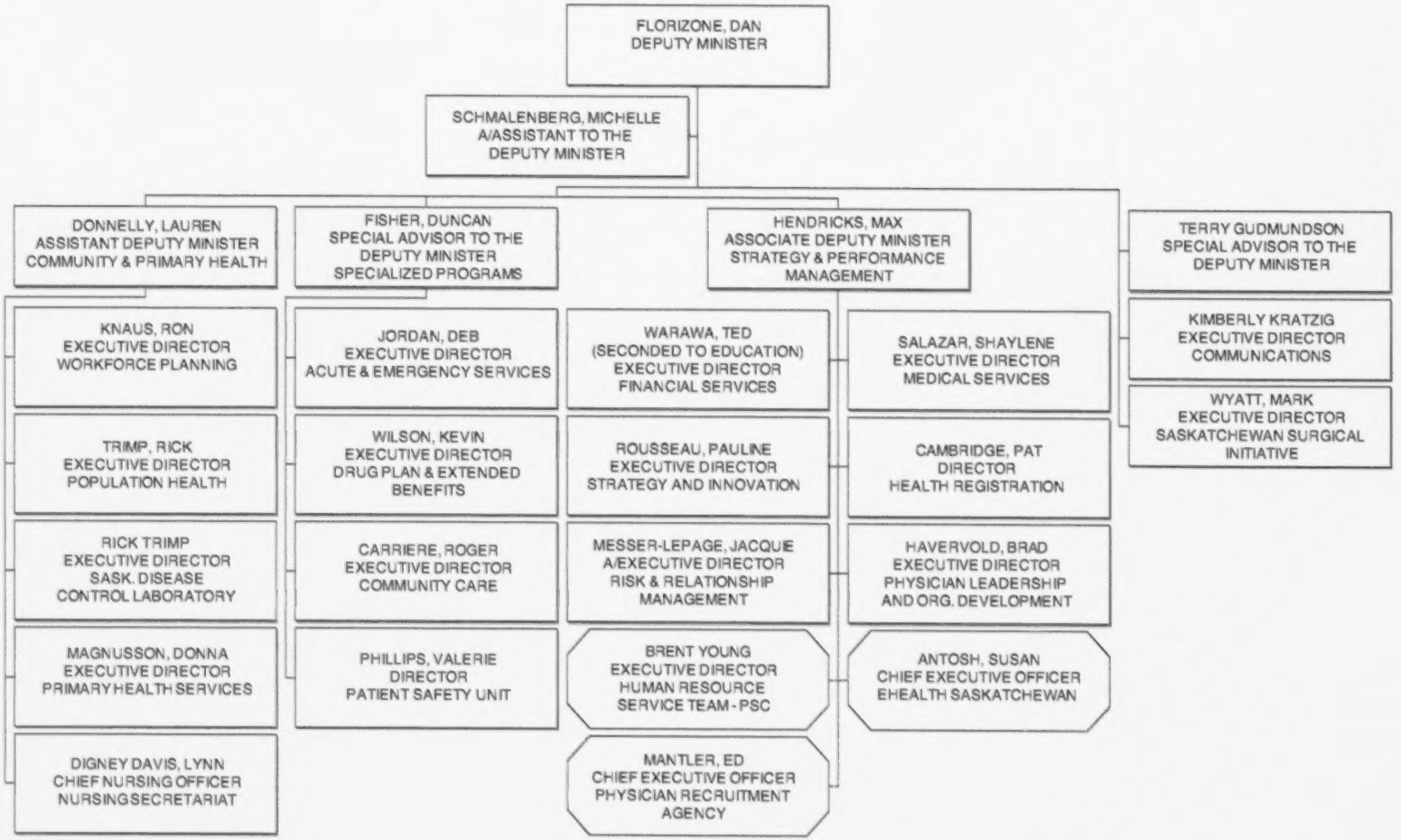
($000s)

SCHEDULE OF EXPENSES BY OBJECT	Prairie North	Prince Albert Parkland	Regina Qu'Appelle	Saskatoon	Sun Country	Sunrise	Grand Total
Operating Expenses:							
Advertising & Public Relations	63	81	155	419	190	157	1,435
Board costs	138	103	189	124	130	112	1,536
Compensation - benefits	28,430	23,191	100,270	106,124	15,403	26,305	359,971
Compensation - salaries	144,496	116,807	501,081	535,973	77,405	133,025	1,814,921
Continuing Education Fees & Materials	724	322	743	1,885	288	297	5,539
Contracted-out Services - Other	5,739	3,297	13,510	13,175	910	1,904	45,126
Diagnostic imaging supplies	304	121	1,511	1,789	65	226	4,338
Dietary Supplies	306	229	83	249	151	254	1,707
Drugs	2,949	2,224	14,009	23,366	455	2,229	49,943
Food	3,746	2,495	7,753	7,244	1,439	2,840	32,159
Grants to ambulance services	2,897	4,042	2,844	8,951	473	3,631	30,920
Grants to Health Care Organizations & Affiliates	6,582	8,520	63,603	98,096	22,002	1,034	232,492
Housekeeping and laundry supplies	1,176	1,247	2,712	4,799	329	1,514	13,990
Information technology contracts	1,328	214	5,388	3,049	464	631	13,331
Insurance	354	326	1,831	1,722	337	510	6,181
Interest	35	38	226	294	16	276	1,169
Laboratory supplies	1,794	1,157	5,471	7,554	635	1,219	22,263
Medical and surgical supplies	6,966	4,890	43,131	45,254	1,712	3,594	114,870
Medical remuneration and benefits	17,418	18,325	75,814	82,794	3,494	8,196	240,840
Meeting Expense	100	53	135	288	29	42	849
Office supplies and other office costs	2,021	752	4,109	5,435	859	1,423	18,097
Other	2,743	157	6,103	2,426	537	270	14,544
Professional fees	1,485	768	12,852	1,966	1,931	1,139	23,649
Prosthetics	647	1,382	19,016	17,377	-	254	39,599
Purchased salaries	756	1,712	701	8,964	640	45	15,498
Rent/lease/purchase costs	2,632	3,367	11,975	11,070	1,149	2,628	39,566
Repairs and maintenance	3,441	2,158	13,378	16,960	3,419	3,220	50,635
Supplies - Other	1,329	1,136	3,674	2,552	401	631	11,069
Therapeutic Supplies	2	104	1,172	414	29	98	1,899
Travel	2,679	1,505	4,749	4,836	1,373	1,919	22,628
Utilities	3,577	2,373	10,797	13,103	1,887	3,232	43,030
Total Operating Expenses	**246,855**	**203,097**	**929,184**	**1,028,272**	**138,149**	**202,858**	**3,273,796**
Restricted Expenses:							
Amortization	7,030	4,671	29,083	38,261	3,099	7,151	106,806
Loss/(gain) on disposal of fixed assets	-	128	971	-	-	-	1,124
Mortgage interest	297	314	380	269	229	957	3,420
Other	61	323	1,218	769	1,380	2	5,908
Total Restricted Expenses	**7,389**	**5,436**	**31,652**	**39,319**	**4,709**	**8,110**	**117,259**
Total Operating and Restricted Expenses	**254,243**	**208,534**	**960,836**	**1,067,591**	**142,858**	**210,968**	**3,391,054**

[1] Some items may not balance due to rounding.

Appendix I: Organizational Chart (March 31, 2012)

MINISTRY OF HEALTH
EXECUTIVE ORGANIZATION CHART
MINISTER OF HEALTH - HONOURABLE DON MCMORRIS



Appendix II: Summary of Saskatchewan Ministry of Health Legislation

The Ambulance Act

The Act regulates emergency medical service personnel and the licensing and operation of ambulance services.

The Cancer Agency Act

The Act sets out the funding relationship between Saskatchewan Health and the Saskatchewan Cancer Agency and its responsibility to provide cancer-related services.

The Chiropractic Act, 1994

The Act regulates the chiropractic profession in the province.

The Dental Care Act

The Act governs the Ministry's dental program and allows for the subsidy program for children receiving dental care in northern Saskatchewan.

The Dental Disciplines Act

The Act regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

The Department of Health Act

The Act provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

The Dieticians Act

The Act regulates dieticians in the province.

The Emergency Medical Aid Act

The Act provides protection from liability for physicians, nurses and others when they are providing, in good faith, emergency care outside a hospital or place with adequate facilities or equipment.

The Fetal Alcohol Syndrome Awareness Day Act

The Act establishes that September 9th of each year is designated as Fetal Alcohol Syndrome Awareness Day.

The Health Districts Act

Most of the provisions within this Act have been repealed with the proclamation of most sections of The Regional Health Services Act. Provisions have been incorporated with regard to payments by amalgamated corporations to municipalities.

The Health Facilities Licensing Act

The Act governs the establishment and regulation of health facilities such as non-hospital surgical clinics.

The Health Information Protection Act

The Act protects personal health information in the health system in Saskatchewan and establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services.

The Health Quality Council Act

The Act governs the Health Quality Council, which is an independent, knowledgeable voice that provides objective, timely, evidence-informed information and advice for achieving the best possible health care using available resources within the province.

The Hearing Aid Sales and Services Act

The Act regulates private businesses involved in the testing of hearing and the selling of hearing aids.

The Hospital Standards Act

The Act provides the standards to be met for services delivered in hospitals.

The Human Tissue Gift Act

The Act regulates organ donations in the province.

Appendix II: Summary of Saskatchewan Ministry of Health Legislation

The Licensed Practical Nurses Act, 2000

The Act regulates licensed practical nurses in the province.

The Medical and Hospitalization Tax Repeal Act

The Act ensures premiums cannot be levied under The Saskatchewan Hospitalization Act or The Saskatchewan Medical Care Insurance Act.

The Medical Laboratory Licensing Act, 1994

The Act governs the operation of medical laboratories in the province.

The Medical Laboratory Technologists Act

The Act regulates the profession of medical laboratory technology.

The Medical Profession Act, 1981

The Act regulates the profession of physicians and surgeons.

The Medical Radiation Technologists Act

The Act regulates the profession of medical radiation technology, but will be repealed once The Medical Radiation Technologists Act, 2006 is proclaimed in force.

The Medical Radiation Technologists Act, 2006

The Act regulates the profession of medical radiation technology. Once proclaimed, this Act will repeal and replace The Medical Radiation Technologists Act.

The Mental Health Services Act

The Act regulates the provision of mental health services in the province and the protection of persons with mental disorders.

The Midwifery Act

The Act regulates midwives in the province.

The Mutual Medical and Hospital Benefit Associations Act

The Act sets out the authority for community clinics to operate in Saskatchewan.

The Naturopathy Act

The Act regulates naturopathic practitioners in Saskatchewan.

The Occupational Therapists Act, 1997

The Act regulates the profession of occupational therapy.

The Ophthalmic Dispensers Act

The Act regulates ophthalmic dispensers (opticians) in the province.

The Opticians Act (not yet proclaimed)

The Act regulates opticians (formally known as ophthalmic dispensers) in the province. Once proclaimed, this Act will repeal and replace The Ophthalmic Dispensers Act.

The Optometry Act, 1985

The Act regulates the profession of optometry.

The Paramedics Act

The Act regulates paramedics and emergency medical technicians in the province.

The Personal Care Homes Act

The Act regulates the establishment, size and standards of services of personal care homes.

The Pharmacy Act, 1996

The Act regulates pharmacists and pharmacies in the province.

The Physical Therapists Act, 1998

The Act regulates the profession of physical therapy.

The Podiatry Act

The Act regulates the podiatry profession.

Appendix II: Summary of Saskatchewan Ministry of Health Legislation

The Prescription Drugs Act

The Act provides authority for the provincial drug plan and the collection of data for all drugs dispensed within the province.

The Prostate Cancer Awareness Month Act

The Act raises awareness of prostate cancer in Saskatchewan.

The Psychologists Act, 1997

The Act regulates psychologists in Saskatchewan.

The Public Health Act

Sections 85-88 of this Act remain in force in order that governing boards of some facilities can continue to operate.

The Public Health Act, 1994

The Act provides authority for the establishment of public health standards, such as public health inspection of food services.

The Regional Health Services Act

This Act addresses the governance and accountability of the regional health authorities, establishes standards for the operation of various health programs and will repeal The Health Districts Act, The Hospital Standards Act and The Housing and Special-care Homes Act.

The Registered Nurses Act, 1988

The Act regulates registered nurses in Saskatchewan.

The Registered Psychiatric Nurses Act

The Act regulates the profession of registered psychiatric nursing.

The Residential Services Act

The Act governs the establishment and regulation of facilities that provide certain residential services. Saskatchewan Corrections, Public Safety and Policing, Saskatchewan Social Services, Saskatchewan Justice and Attorney General, and the Saskatchewan Ministry of Health administer this Act.

The Respiratory Therapists Act

The Act regulates the profession of respiratory therapists.

The Saskatchewan Health Research Foundation Act

The Act governs the Saskatchewan Health Research Foundation, which designs, implements, manages and evaluates funding programs to support a balanced array of health research in Saskatchewan.

The Saskatchewan Medical Care Insurance Act

The Act provides the authority for the province's medical care insurance program and payments to physicians.

The Senior Citizens' Heritage Program Act

This Act provides the authority for a low-income senior citizens program that no longer exists.

The Speech-Language Pathologists and Audiologists Act

The Act regulates speech-language pathologists and audiologists in the province.

The Tobacco Control Act

The purpose of this Act is to control the sale and use of tobacco and tobacco-related products in an effort to reduce tobacco use, especially among Saskatchewan young people and to protect young people from exposure to second-hand smoke.

The Tobacco Damages and Health Care Costs Recovery Act (not yet proclaimed)

The Act is intended to enhance the prospect of successfully suing tobacco manufacturers for the recovery of tobacco-related health care costs.

Appendix II: Summary of Saskatchewan Ministry of Health Legislation

The White Cane Act

The Act sets out the province's responsibilities with respect to services for the visually impaired.

The Youth Drug Detoxification and Stabilization Act

The Act provides authority to detain youth who are suffering from severe drug addiction/ abuse.

Appendix III: Legislative Amendments

During the 2011-12 fiscal year, one statute was repealed.

The Medical Radiation Technologists Act, 1994

This Act was repealed by Bill 43 - *The Medical Radiation Technologists Act, 2006* effective May 30, 2011.

Appendix IV: Regulatory Amendments in 2011-12

During the 2011-12 fiscal year, eight regulations were amended.

The Attending Health Professionals Regulations

The amendments involved:

- adding a provision allowing physicians and midwives to *diagnose* and *treat* hospital in-patients and outpatients, in addition to *attending* to these patients, and;
- adding a provision allowing for chiropractors to attend to in-patients at the request of a physician.

The Facility Designation Regulations

The amendments involved the addition of:

- two new sections to address nursing staff requirements in hospitals and emergency health centres and the requirements respecting the health of employees.

These regulations were amended concurrent to amendments to the following regulations: *The Hospital Standards Regulations, 1980*; *The Housing and Special-care Homes Regulations*; and *The Health Centres (Hospital Standards Adoption) Regulations*.

The Housing and Special Care Homes Regulations

The amendments involved the repeal of:

- section 5 respecting the health of employees. This provision was moved under *The Facility Designation Regulations*.

The Health Centres (Hospital Standards Adoption) Regulations

The amendments involved the repeal of:

- clause 2(m) respecting the adoption of section 85 of *The Hospital Standards Regulations, 1980*, which in turn respects the health of hospital employees. This provision was moved under *The Facility Designation Regulations*.

The Hospital Standards Regulations, 1980

The amendments involved the repeal of:

- clause 11(3) respecting nursing staff, and;
- section 85 respecting the health of employees. These provisions were moved under *The Facility Designation Regulations*.

The Adult and Youth Group Homes Regulations

The amendments involved the repeal of:

- sections 2(h), 3, 4 and 16 pertaining to the licensing of adult and group homes. These provisions were moved under *The Facility Designation Regulations*.

The Regional Health Services Administration Regulations

The amendments involved:

- adding definitions respecting health services and public funding;
- changing section 3(2) respecting the disqualification criteria for regional health authority board members;
- updating *Table 1: Persons Receiving Funding from Regional Health Authority*
- *Prescribed as Health Care Organizations* by deleting those organizations that no longer operate, and adding Amicus Health Care Inc.;
- updating *Table 2- Health Care Organizations that may Amalgamate with Regional Health Authority* by deleting those organizations that no longer operate;
- updating *Table 5 - Prescribed Health Care Organizations – Property Exempt from Taxation* by adding Amicus Health Care Inc., and;
- adding *Table 8 - Designated Health Care Organizations with which Regional Health Authority may enter into Agreement*, which includes Amicus Health Care Inc., Extendicare Canada Ltd. and Langham Senior Citizens Home Ltd.

Appendix IV: Regulatory Amendments in 2011-12

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2011 (No. 2)

The amendments allow for:

- negotiated increases for insured physician and optometric services based on the existing three-year agreement (April 1, 2010 – March 31, 2013);
- specialist physicians full payment through fee for service for patient referrals received from Registered Nurses and Nurse Practitioners.

Appendix V: New and Repealed Regulations in 2011-12

During the 2011-12 fiscal year, one regulation was repealed and two new sets of regulations were established.

Repealed:

The Plumbing and Drainage Regulations

These regulations were repealed by *The Plumbing Regulations* effective October 1, 2011.

Additions:

The Plumbing Regulations

These regulations replace the plumbing sections of The Plumbing and Drainage Regulations and involve:

- allowing water reuse to occur within Saskatchewan provided the requirements are met;
- requiring water efficient fixtures and toilets in new construction and renovations;
- adopting the 2005 National Plumbing Code;
- supporting plumbing training provided at the Saskatchewan Institute of Applied Science and Technology, where plumbing students are trained in the 2005 National Plumbing Code;
- updating standards in order to keep pace with neighboring provinces and allow for greater mobility of plumbing contractors across Canada.

The Private Sewage Works Regulations

These regulations replace the private sewage sections of *The Plumbing and Drainage Regulations* and prescribe that:

- permits will continue to be required for the construction of private sewage systems in certain cases, and;
- smaller sewage holding tanks are permitted in certain types of facilities.

Appendix VI: Ministry of Health Publications in 2011-12

Guidelines for the Management of Clostridium difficile Infection (CDI) in all Healthcare Settings

(The Saskatchewan Infection Prevention and Control Program: a collaboration among RHAs, the Saskatchewan Cancer Agency, Ministry of Health, and other stakeholders)

Available online at www.health.gov.sk.ca/clostridium-difficile

Health Human Resources Plan (Workforce Planning Branch)

Available online at www.health.gov.sk.ca/hhr-plan

HIV Strategy 2010-2014 (Population Health Branch)

Available online at www.health.gov.sk.ca/hiv

Environmental Health Monitoring, Brochure and Poster (Population Health Branch)

Available online at www.health.gov.sk.ca/biomonitoring

Prostate Cancer, Diagnosis & Treatment (Acute and Emergency Services Branch)

Available online at www.health.gov.sk.ca/prostate-cancer-screening-diagnosis

Is Your Water Safe? Get it Tested (Saskatchewan Disease Control Laboratory)

Available online at www.health.gov.sk.ca/water-testing-common-questions

Appendix VII: Acronyms and Definitions

AC	Accreditation Canada
ASD	Autism Spectrum Disorder
ASDITP	Autism Spectrum Disorders Intervention Training Program
CSA	Canadian Standards Association
CEO	Chief Executive Officer
CT scan	Computed Axial Tomography (also known as a CAT scan)
DME	Distributed Medical Education
EHR	Electronic Health Record
EMR	Electronic Medical Record
FASD	Fetal Alcohol Spectrum Disorders
FTE	Full Time Equivalent (used in Human Resources)
HCO	Health care organization
HQC	Health Quality Council
Lean	Lean is a patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system.
MedRec	Medication Reconciliation
MRI	Magnetic resonance imaging
PFCC	Patient and Family–centered Care
PHC	Primary Health Care
PIP	Pharmaceutical Information Program
RHA	Regional Health Authority
RTC	Releasing Time to CareTM
SAHO	Saskatchewan Association of Health Organizations
SCA	Saskatchewan Cancer Agency
SDCL	Saskatchewan Disease Control Laboratory (formerly known as the Provincial Laboratory)
SIMS	Saskatchewan Immunization Management System
SHN!	Safer Healthcare Now!
SIS	Surgical Information System
SLRR	Saskatchewan Laboratory Results Repository Project
SMA	Saskatchewan Medical Association
SSO	Shared Services Organization

For More Information

This annual report is also available online from the Ministry of Health website at www.health.gov.sk.ca/health-annual-reports

Saskatchewan Ministry of Health Directory of Services

Regional Health Authorities

www.health.gov.sk.ca/regional-health-governance

or contact these **Local Regional Health Authority (RHA) offices**:

Athabasca Health Authority	(306) 439-2200
Cypress Regional Health Authority	(306) 778-5100
Five Hills Regional Health Authority	(306) 694-0296
Heartland Regional Health Authority	(306) 882-4111
Keewatin Yatthé Regional Health Authority	(306) 235-2220
Kelsey Trail Regional Health Authority	(306) 873-6600
Mamawetan Churchill River Regional Health Authority	(306) 425-2422
Prairie North Regional Health Authority	(306) 446-6606
Prince Albert Parkland Regional Health Authority	(306) 765-6600
Regina Qu'Appelle Regional Health Authority	(306) 766-7777
Saskatoon Regional Health Authority	(306) 655-3300
Sun Country Regional Health Authority	(306) 842-8399
Sunrise Regional Health Authority	(306) 786-0100

Regional health authority annual reports

www.health.gov.sk.ca/health-region-list

Saskatchewan Cancer Agency

Regina (306) 766-2213
Saskatoon (306) 655-2662

Saskatchewan Health Card Applications and Updates

To apply for a Saskatchewan Health Services Card, report changes to contact or registration information, to obtain a health services card, or for more information about health registration:

Health Registration - Ministry of Health
100 – 1942 Hamilton Street Regina SK S4P 4W2

Regina: (306) 787-3251 Toll-Free within Saskatchewan:1-800-667-7551

Email address: change@health.gov.sk.ca

Apply online at www.health.gov.sk.ca/health-card-apply-online

Forms available online at www.health.gov.sk.ca

More information available at www.health.gov.sk.ca/benefits-questions

For More Information

For health information from a registered nurse 24 hours a day,

call HealthLine: 1-877-800-0002
TTY ACCESS: 1-888-425-4444
HealthLine Online: www.healthlineonline.ca

Problem Gambling Help Line:

1-800-306-6789

Smokers' HelpLine:

1-877-513-5333
www.smokershelpline.ca

Saskatchewan Air Ambulance program

Saskatoon: (306) 933-5255
24-Hour Emergency in Saskatoon: (306) 933-5360
24-Hour Emergency Toll-free: 1-888-782-8247
www.health.gov.sk.ca/saskatchewan-air-ambulance

Supplementary Health Program

Regina: (306) 787-3124
Toll-Free within Saskatchewan: 1-800-266-0695
www.health.gov.sk.ca/supplementary-health-program

Family Health Benefits

For eligibility and to apply:

Regina: (306) 787-4723
Toll-Free: 1-888-488-6385

For information on what is covered:

Regina: (306) 787-3124
Toll-Free: 1-800-266-0695
www.health.gov.sk.ca/family-health-benefits

Special Support applications for prescription drug costs:

To apply:
www.health.gov.sk.ca/special-support
Applications also available at all Saskatchewan pharmacies

For inquiries:

Regina: (306) 787-3317
Toll-Free within Saskatchewan: 1-800-667-7581

For More Information

Saskatchewan Aids to Independent Living (SAIL)

Regina: (306) 787-7121
www.health.gov.sk.ca/sail

Out-of-province health services:

Regina: (306) 787-3475
Toll-Free within Saskatchewan: 1-800-667-7523
www.health.gov.sk.ca/health-benefits

Prescription Drug Program:

Regina: (306) 787-3317
Toll-Free within Saskatchewan: 1-800-667-7581

To obtain refunds for out-of-province physician and hospital services, forward bills to:

Medical Services Branch
Ministry of Health
3475 Albert Street
Regina SK S4S 6X6

To obtain refunds for out-of-province drug costs, forward bills to:

Drug Plan and Extended Benefits Branch
Ministry of Health
3475 Albert Street
Regina SK S4S 6X6